

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36389
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 325 Patterson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Luella Francis Smith
 (a) Residence, No. 325 Patterson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Al Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1869

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | 69 | 11 | 23 | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME James Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Indiana

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Miss Ruth Smith
 (ADDRESS) 325 Patterson, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. Date 10-14-39

19. FUNERAL DIRECTOR Hurlbut Und. Co.
 (ADDRESS) 212 Joplin, Joplin, Mo.

20. FILED 10-14-39 Ed D. Jones
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-9-39, 19... to 10-13-39, 19...
 I last saw her alive on 10-12-39, 19... Death is said to have occurred on the date stated above, at 6:15 m. A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Degeneration with Decompensation
 Other contributory causes of importance: Anasarca 93C
 Date of onset 2 months

Name of operation _____ Date of _____
 What test confirmed diagnosis? EKG Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Walter H. Humes, M. D.
 (Signed) John Humes (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 1139-2273

Date Filed NOV 9 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)