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.

DEC 18 1939

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

39165
Do not use this space.

1. PLACE OF DEATH
(a) County Caldwell — Registration District No. 96
(b) Township Hamilton — Primary Registration District No. 4058 — Registered No. 25
(c) City Hamilton — (d) Street No. ..... 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 Harriett Eliza Smith
(a) Residence, No. 530 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 Hiram H. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1858.
7. AGE: YEARS 81 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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) Augusta, Ill. 1

FATHER
13. NAME Thomas Bennett 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Betsy Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) George H. Smith. Hamilton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton Mo. DATE Nov. 20, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bram & Sons Hamilton, Mo.
20. FILED Nov 20, 1939 Merle Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1939, to Nov 18, 1939
I last saw her alive on Nov 17, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	11/11/39

Other contributory causes of importance:
Generalized Arteriosclerosis — Upon 1920
Valvular Heart Disease
Mitral Stenosis)

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Diag 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? no
If so, specify .....
(Signed) Herbert R. Booth, M. D.
(Address) Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No.

District File Number 1239-1730

Date Filed DEC 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.