

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Speedwell
City Speedwell (No.)

Registration District No. 769
Primary Registration District No. 6015

File No. 10327
Registered No. 2
St. Ward

2. FULL NAME

Millie Etty Smitherman
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF George L. Smitherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1864
7. AGE YEARS 71 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) X Ohio

13. NAME Peter Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Ohio

15. MAIDEN NAME Maria Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Ohio

17. INFORMANT George L. Smitherman (ADDRESS) Schell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE March 27, 1927

19. UNDERTAKER Wm. Lewis & Son (ADDRESS) Schell City, Mo.

20. FILED 3-27-1927 Wm. J. W. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1927

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

No Physician or Attending Called
 Died while married Cause
 Apoplexy of Heart
Date of onset

Other contributory causes of importance:
Chronic Heart ailment
Husband saw Mr. Ball
Reckless Excessive use

Name of operation None Date of
What test confirmed diagnosis? Autopsy called for there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. W. Richardson, M. D.
(Address) Piffine, Mo.

