

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

Do not use this space.

38766

1. PLACE OF DEATH

County Capri Registration District No. 130
Township Liberty Primary Registration District No. 5191
City New Whitewater, Mo. (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Anne Smith
(a) Residence. No. New Whitewater, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25th 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Daisy, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ambrose Lindegar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bilge Cobb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

14. INFORMANT L. D. Smith
(Address)

15. FILED 1/1 31 J. M. Slagle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Dec 31, 1930
that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
150

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) W. T. Stokely, M. D.
, 19 (Address) Jackson, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Selznickville, Mo. DATE OF BURIAL Jan 1 1931

20. UNDERTAKER McComb Funeral Co. ADDRESS Jackson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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