

MAR 17 1936

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

Do not use this space.

4946

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 128
Township Apple Creek Primary Registration District No. 517603
City (No. St. Ward)

2. FULL NAME

Emily Jane Smith
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. S. Soutts</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27 1858</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Wis13. NAME John Howard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emery Wis15. MAIDEN NAME Mildred Childers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina17. INFORMANT (ADDRESS) Mrs Pearl Thompson18. BURIAL, CREMATION, OR REMOVAL PLACE Bosher Cemetery 217 3/419. UNDERTAKER (ADDRESS) M. Tompkins removed20. FILED MAR - 9 1936 Laura Gube Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 193622. I HEREBY CERTIFY, That I attended deceased from Feb 13th 1936, to Feb 16th 1936I last saw her alive on Feb 15th 1936. Death is saidto have occurred on the date stated above, at 11 A. M.

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

Lobular Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) R. H. Blacklock, M. D.(Address) Oak Ridge Mo

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.

