

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

Do not use this space.

Homer **FEB 29 1937**

1. PLACE OF DEATH
 County St. Francois Registration District No. 175
 Township Marion Primary Registration District No. 6022
 City R.D. Boone Farm, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Birdie May Smith
 (a) Residence, No. Boone Farm, No. 1, 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.

File No. 2878
 Registered No. 1

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 Paul M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 1 14

OCCUPATION 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) R.D. Boone Farm, St. Francois Co., Mo.

FATHER 13. NAME James Daniel Rink
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co.

MOTHER 15. MAIDEN NAME Nancy Carrie Byington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co.

17. INFORMANT (ADDRESS) Paul M. Smith, R.D. Boone Farm, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Chapel DATE Jan 3 1937

19. UNDERTAKER (ADDRESS) Berkman and Co, Boone Farm, Mo.

20. FILED Jan 3 1937 N. W. Howdies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1936, to Jan 1, 1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:05 A m.
 The principal cause of death and related causes of importance were as follows:
Post Partum Hemorrhage Date of onset _____

Other contributory causes of importance:
uterine atony

Name of operation Deliver Date of Dec 31-36
 What test confirmed diagnosis? By path. Was there an autopsy? N.O.

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) C. H. Appleberry, M. D.
 (Address) Flour River, 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.

