JAN 23 1929

Do not use this space.

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

1. PLACE OF DEATH

County Howell Registration District No. 979 File No. 40420

Township Sutton Valley Primary Registration District No. 2537 Registered No.

City (No. St. Ward)

2. FULL NAME Lola June Smith

(a) Residence. No. 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: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE Years Months Days If LESS than 1 day, 5 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Sutton Valley Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Claude A Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Howell Co. Mo

12. MAIDEN NAME OF MOTHER Flora Ada Whitiker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Crawford Co. Mo

14. INFORMANT Claude A Smith
(Address) Sutton Valley Mo.

15. FILED 12/31, 1928 Alpha J Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928, to Dec 12 1928 that I last saw her alive on Dec 12, 1928 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* was as follows:
Premature birth (6 mos)
151
(duration) 5 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) J C Davis, M.D.

12/12 1928 (Address) Willow Springs 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sutton Valley Mo

DATE OF BURIAL: 12/14 1928

20. UNDERTAKER: None

ADDRESS

RTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRARS SH ... A ... T

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Howell Registration District No. 979 File No.
Township Hutton Valley Primary Registration District No. 5537 Registered No.
City (No. St. Ward)

2. FULL NAME Lola June 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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: F · 4. COLOR OR RACE: W · 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S	16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (4a.m)	17. I HEREBY CERTIFY, That I attended deceased from ......, 19.... to ......, 19...., that I last saw h.... alive on ......, 19...., and that death occurred, on the date stated above, at 9 a. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12, 1928	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE Years · Months · Days · If LESS than 1 day, 5 hrs. or ...... min.	......(duration)......yrs. ......mos. ......ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) ......(duration)......yrs. ......mos. ......ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATH? ...... DATE OF ......
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	WAS THERE AN AUTOPSY? ...... WHAT TEST CONFIRMED DIAGNOSIS? ......
12. MAIDEN NAME OF MOTHER	(Signed) ......, M. D. , 19 (Address)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*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.
14. INFORMANT (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL · DATE OF BURIAL 19
15. FILED 12/31 1928 Alpha J. Moss REGISTRAR	20. UNDERTAKER · ADDRESS