

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

Do not use this space.

32828

1. PLACE OF DEATH

58- County Greene
Township St. Clair
8 City Purdin (No. 1)

Registration District No. 504
Primary Registration District No. 4307
(4307)

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Amanda Smith

(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 D. S. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house wife

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) Tennessee

13. NAME Armstrong Cassidy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. M A R R I E D N A M E Ruth Trumbo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Harrison Smith
Purdin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdin Cemetery DATE Oct 11, 1932

19. UNDERTAKER (ADDRESS) Thorne Wood's Co.
Greene, Mo.

20. FILED 10-11-1932 U. C. Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 14 Sept 1932 to 10 Oct 1932
I last saw her alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 12 P. M.

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

Nephritis with
an effusion
186A
194B
132A
Other contributory causes of importance: Broken Hip (D)
Date of onset Sept 18

Name of operation Cast Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 14, 1932
Where did injury occur? Purdin Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. injury in home
Manner of injury _____
Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. Daniel Pettibone M. D.
(Address) Purdin

N. B. Every item of information should be carefully supplied. AGE is 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.

Please state
cause of
broken hip
Did woman
fall? yes

