

Wife of O.H. Smith, she met her death in an automobile accident that occurred south of Goldfield. Mrs. Smith was well known in Tonopah, having made her home with Mr. Smith there before moving to Beatty a few years ago. She is survived by her husband and a son, Fred Smith of Tonopah.

The accident that took Mrs. Smith's life also took the life of Harry Moon, former well known newspaperman of Goldfield, who was riding with Mr. and Mrs. Smith. Mr. Smith suffered severe scalp wounds from the accident and shock.

1 PLACE OF DEATH			NEVADA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
COUNTY OF ESMERALDA			DUPLICATE CERTIFICATE OF DEATH	
TOWN OF _____			State Index No. _____	
CITY OF _____			LOCAL REGISTERED NO. <u>224</u>	
(No. _____ St. _____ Ward _____)			(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 15.)	
*Full Name <u>Mrs. Lena Jane Smith</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single <u>married</u> Married Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>June 29</u> , 192 <u>35</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>April 27</u> , 18 <u>95</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____ 192__ to _____ 192__	
7 AGE <u>40 yrs. 2 mos. 2 da.</u> If LESS than 1 day, hrs. or min.			that I last saw h. _____ alive on _____ 192__	
8 OCCUPATION (a) Trade, profession or particular kind of work: <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)			and that death occurred on the date stated above at about <u>1:50 P.M.</u>	
9 BIRTHPLACE (State or country) <u>Missouri</u>			The CAUSE OF DEATH* was as follows: <u>Auto. unavoidable accident, blow to right rear tire of an automobile. Died enroute to hospital. Fracture of jaw, broken nose, nasal cavity, broken clavicle, right leg at ankle.</u>	
10 NAME OF FATHER <u>Tedrow</u>			(Duration) _____ yrs. _____ mos. _____ da.	
11 BIRTHPLACE OF FATHER (State or country) <u>unknown</u>			Contributory (Secondary) <u>to broken ribs, lower left side</u>	
12 MOTHER NAME OF MOTHER <u>unknown</u>			(Duration) _____ yrs. _____ mos. _____ da.	
13 BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>			(Signed) <u>J. P. Murphy, Coroner</u> , M. D.	
14a LENGTH OF RESIDENCE			_____ 192__ (Address) <u>Goldfield Nevada</u>	
At place of Death _____ years _____ months			*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal	
In Nevada <u>16</u> years _____ months			18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or Usual Residence _____ How long at _____ Place of Death _____ Days	
(Informant) <u>Orrin H. Smith</u>			Where was disease contracted, if not at place of death? _____	
(Address) <u>Beatty Nevada</u>			19 PLACE OF BURIAL OR REMOVAL to _____ DATE OF BURIAL <u>July 2</u> , 192 <u>35</u>	
15 Filed _____ 192__			20 UNDERTAKER <u>J. J. Noone</u> ADDRESS <u>Goldfield Nevada</u>	
Filed <u>July 6</u> , 192 <u>35</u>				
Registrar <u>E. P. Smith</u> Register or Deputy				