

JUN 24 1927

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

Do not use this space.  
14415

1. PLACE OF DEATH

County Ballaway Registration District No. 104  
Township Hullton Primary Registration District No. 3008  
City Hullton (No. ....) St. .... Ward)

2. FULL NAME

Mrs Emma Smith

(a) Residence. No. State Hospital No 1 St. .... Ward. Higbee, Mo.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 1 mos. 13 ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widow) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
alt 79 DK

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

9. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY)

14. INFORMANT State Hospital No 1  
(Address) Hullton Mo

15. FILED May 27 1927 Dr. U. N. Crews  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1927  
17.

I HEREBY CERTIFY, That I attended deceased from March 23 1927 to May 6 1927  
that I last saw her alive on May 6 1927, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis (Extra systoles)  
abd (Heart-block)  
131  
92A more than 1 1/2 yrs. 1 1/2 mos. .... ds.  
(duration)

CONTRIBUTORY (SECONDARY) Insanity, Arteriosclerosis, Chronic  
nephritis, Mitral Regurgitation more than 1 1/2 yrs. 1 1/2 mos. .... ds.  
(duration)

18. WHERE WAS DISEASE CONTRACTED Higbee, Mo.  
IF NOT AT PLACE OF DEATH

DID INTERVENTION PREVENT DEATH? No. DATE OF 1927  
WAS THERE AN ADOPTION? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory  
(Signed) Leroy E. Ellison M. D.  
May 6, 1927 (Address) State Hospital No 1

\*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. Hullton, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly, Mo. DATE OF BURIAL D.K. 19 27

20. UNDERTAKER Herndon-Taylor Furn-Co. ADDRESS Hullton 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.

