

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

Do not use this space.

39282

6 1928 Bailey

1. PLACE OF DEATH
County Arboret Registration District No. 499
Township Washington Primary Registration District No. 6206
City (No.) St. (Ward)

2. FULL NAME Amanda P. 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry E. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 21

8. OCCUPATION OF DECEASED Housewife
(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) (STATE OR COUNTRY) Scotland Co. Mo.

PARENTS

10. NAME OF FATHER John H. Hood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Malinda T. Hood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Henry E. Smith
(Address)

15. FILED Sept 27 1928 E. M. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 13 1927 that I last saw alive on Dec 10 1927, and that death occurred, on the date stated above, at 9-30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
Pharyngitis (duration) yrs. mos. ds.
900 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Bailey, M. D.
(Address) Elkland 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Conway DATE OF BURIAL 12/15 1927

20. UNDERTAKER H. J. M. Graham ADDRESS Northfield

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.

