

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

Do not use this space.

1793^a

JUN

1928

1. PLACE OF DEATH

County McDonnell Registration District No. 1167 File No. _____
 Township Rehoboth Primary Registration District No. 5.699 Registered No. 8
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Elizabeth 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (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) S. C.

10. NAME OF FATHER Joseph Hargis

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Marrist Rogers (Address) Rocky Camp

15. Apr. 28 1928 E. Edmondson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 19 1927, to Jan 13 1928, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Lesions of Heart
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Pneumonia (SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRAICTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) D. H. Dabbs M. D. (Address) Rocky Camp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rocky Camp DATE OF BURIAL Jan 15 1928

20. UNDERTAKER M. H. Rogers ADDRESS Wheeler

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

