

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

Do not use this space.

**MAR 26 1928**

**9652**

**1. PLACE OF DEATH**

County Linn  
Township Reddish  
City (No. ....) .....

Registration District No. 483  
Primary Registration District No. 1-6-7

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Sarah E. Smith  
(a) Residence. No. Williamstown, Mo 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 Art Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 28, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 56 18 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo

10. NAME OF FATHER Thomas Cottrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo

12. MAIDEN NAME OF MOTHER Alice Lemon

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

14. INFORMANT (Address) Art Smith  
Williamstown, Mo

15. FILED 3-8-28 1928 W. R. Wood REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) - 3 - 5 - 19 28

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1928, to Mar 5, 1928, that I last saw her alive on Mar 5, 1928, and that death occurred, on the date stated above, at 5 am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
28 74 01 (duration) yrs. mos. ds.  
19. SUBSIDIARY (SECONDARY) Arterial disease  
Hestony (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. W. H. Houghton  
, 19 (Address)

\*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 DATE OF BURIAL

Williamstown cemetery Mar. 7 1928

20. UNDERTAKER ADDRESS

Geeth & Beckert Linn, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

56-270

