

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

Do not use this space.

17830

1. PLACE OF DEATH

County Callaway
Township Carroll
City Monticello

Registration District No. 556
Primary Registration District No. 5751

File No.
Registered No. 148
St. Ward)

2. FULL NAME

Mary 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Walter Smith

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

Sept 23 - 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
<u>66</u>	<u>7</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Merion Co MO

(STATE OR COUNTRY)

10. NAME OF FATHER

Sam Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Merion Co MO

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dr. R. H. ...

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Merion Co MO

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Jay A. Hall
New Lane MO

15.

FILED

5/17, 1928
J. M. Perry
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

May 16, 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 16, 1928

that I last saw her alive on May 16, 1928, and that death occurred, on the date stated above, at 3 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B apoplexy
82B
90B
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

cardio-renal complications
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... at place of death

DID AN OPERATION PRECEDE DEATH?

no DATE OF L

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. O. Fienallen, M. D.

May 16, 1928 (Address) Princeton 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

DATE OF BURIAL

Butcher's Cemetery May 17, 28

20. UNDERTAKER

ADDRESS

Mal Moor Princeton 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.

DEPARTMENT RECORD

