APR 30 1929

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

Do not use this space.

7701

1. PLACE OF DEATH

County: Ray — Registration District No. 744 — File No.

Township: Richmond — Primary Registration District No. 597613 — Registered No. 24

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Susie Opal 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): George W Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4/5/1878

7. AGE — YEARS: 50 — MONTHS: 10 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(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): Albamy Mo

PARENTS

10. NAME OF FATHER: Isiaic Riffe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Don't Know

12. MAIDEN NAME OF MOTHER: don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): don't know

14. INFORMANT: Geo W Smith
(Address): Rayville Mo

15. FILED: Mch 15, 1929 — J. T. Akers, Deputy — REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/19/29 19

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1924, to Feb 19, 1929, that I last saw him alive on Feb 16, 1929, and that death occurred, on the date stated above, at 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insane
X2A
X4 ..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Apoplexy ..... (duration) ..... yrs. ..... mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. A. Lang, M. D

Feb 20, 1929 (Address) Rayville, 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: Crowley Cem — DATE OF BURIAL: 2/20/29

20. UNDERTAKER: C. W. Mansur — ADDRESS: Richmond Mo

N. B.—If DEATH is plain, should state CAUSE OF DEATH carefully supplied, AND ... that it may be properly classified. Very importantly.

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