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

Do not use this space.

File No. 25498

Registered No.

1. PLACE OF DEATH
County: Polk
Township: Madison
City: (No. ..... St. ..... Ward)
Registration District No. 702
Primary Registration District No. 4423

2. FULL NAME: Sarah Ann 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED —HUSBAND OF (OR) WIFE OF: A J Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep. 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	3	

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): ✓
(c) Name of employer: ✓

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

PARENTS

10. NAME OF FATHER: Andrew Paul Stroup
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER: E-a- Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn

14. INFORMANT: Creed Smith
(Address) Fair Play Mo

15. FILED July 27 1924 Chas H Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1924

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1924, to July 27, 1924, that I last saw her alive on July 27, 1924, and that death occurred, on the date stated above, at 12:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendix adherent to gall bladder, Cirrhosis and gall bladder left intact
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 1170
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mch 28, 1924
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Chas H Brown, M. D
Jul 27, 1924 (Address) Fair Play 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
Lindley Prairie	Jul 28 1924
20. UNDERTAKER	**ADDRESS**
A R Wright	Fair Play 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.

WRITE PLAINLY, WITH OR WITHOUT INK—THIS IS A PERMANENT RECORD