

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.

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

Do not use this space.

30524

1. PLACE OF DEATH

County Henry
Township Stauborn
City Stauborn (No. _____)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Patsy William Smith
(a) Residence. No. _____ St. _____ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Madison Smith Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 15

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) Cass County
(STATE OR COUNTRY) KY.

10. NAME OF FATHER Madison Chilton

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

12. MAIDEN NAME OF MOTHER Rachel Clifton

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

14. INFORMANT A. W. Smith
(Address) Stauborn MO

15. FILED 9/26 1929 O. A. Bernal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1929 to Sept 25 1929, and that I last saw her alive on Sept 24 1929, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

QVA

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jas. A. Crockett M. D.
Sept. 26 1929 (Address) Stauborn, 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 Stauborn MO DATE OF BURIAL 9/27 1929

20. UNDERTAKER Leroy H. Phillips ADDRESS Stauborn MO

