83
4 29 1929
2
3

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

Do not use this space.

34716

1. PLACE OF DEATH
County Platte — Registration District No. 692 — File No.
Township — Primary Registration District No. 4414 — Registered No.
City Dearborn (No. ..... St. ..... Ward)

2. FULL NAME Drusillar 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.

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.

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 Widowed from Alfred Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer) House work
(c) Name of employer Self

2 35

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER John Billups
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah Randolph
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT David Moss
(Address) Dearborn Mo.

15. FILED Nov 17, 1929 M H Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1929, to Oct 15 1929 that I last saw her alive on Oct 12, 1929 and that death occurred, on the date stated above, at 6 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
131
9VA (duration) 2 yrs. X mos. X ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) 5 yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None made
(Signed) J. R. Peters, M. D.
Oct 16, 1929 (Address) Wallace 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
Topeka Kan. Foster Cem.	Oct 19 1929

20. UNDERTAKER	ADDRESS
Lucian Davis	Dearborn Mo.