

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

Do not use this space.

2006

FEB 19 1930

1. PLACE OF DEATH

County Montgomery
Township East Creek
City (No. _____) _____

Registration District No. 596
Primary Registration District No. 5787B

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

2. FULL NAME

Fannie Bell Smart

(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 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Geo Smart

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

May 9 - 1886

7. AGE

YEARS 43 MONTHS 8 DAYS 21

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

Housekeeping

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wick County Missouri

PARENTS

10. NAME OF FATHER Andrew Sanders

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

12. MAIDEN NAME OF MOTHER Sarah C Stamp

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

14. INFORMANT

(Address) Geo Smart New Dexter mo

15. FILED 1/30 1930

A. J. Kim
REGISTRAR

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

Jan. 30th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to 11-27, 1930.
that I last saw her alive on 11-20, 1928, and that death occurred, on the date stated above, at 2:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

820 ABT (1st)
85 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Epilepsy
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. R. Shinnick, M. D.

. 19 _____ (Address) Bellflower 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

Providence Cemetery 1/31 1930

20. UNDERTAKER

ADDRESS

A. J. Kim Bellflower mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

