JUN 27 1930

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

Do not use this space.

16996

1. PLACE OF DEATH
County Pike
Township Calomet
City ..... (No. ..... St. ..... Ward)

Registration District No. 685
Primary Registration District No. 5909-B

File No. 21
Registered No. 14

2. FULL NAME Gertrude 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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	9	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 1900
(c) Name of employer 95

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

PARENTS
10. NAME OF FATHER Jarrett Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo
12. MAIDEN NAME OF MOTHER Carrie Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mayor Smith
(Address) Clarksville R.F.D.

15. FILED 5-31 1930 W W Treadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 30, 1930 that I last saw her alive on May 26, 1930, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart block, acute

Died at once (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General ~~Arteriosclerosis~~ Arthritis acute (duration) ..... yrs. 1 mos. ..... 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) E M Bartlett, M. D.
May 31, 1930 (Address) Clarksville 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: Clarksville
DATE OF BURIAL: June 1 1930

20. UNDERTAKER: L H Brown
ADDRESS: Clarksville

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