

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 22 1930

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

Do not use this space.

36789

1. PLACE OF DEATH

County Madison Registration District No. 547
Township Madison Primary Registration District No. 3029
City Hannibal (No. Lucy's Hospital)

File No. _____
Registered No. 372
St. Mo. Ward _____

2. FULL NAME

Alice Baker Smart
(a) Residence. No. _____ (Usual place of abode) Philadelphia, Mo. St. _____ Ward. _____
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lycenter Smart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 10 29

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) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER James Regar

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

12. MAIDEN NAME OF MOTHER Susie Matlak

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

14. INFORMANT Mrs. J. Anderson
(Address) 1701 Broadway Hannibal

15. Nov 18 30 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/16 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1930, to 11/16, 1930, and that I last saw h. _____ alive on _____, 19____, at _____, and that death occurred, on the date stated above, at _____ 2 1/2 p. m.

THE CAUSE OF DEATH!* WAS AS FOLLOWS:

Uremic Convulsions
130 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Bright Disease
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 12/10

DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) B. E. Salter M. D.
, 19 (Address) Hannibal 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 Philadelphia Mo. DATE OF BURIAL 11/18, 1930

20. UNDERTAKER James O'Donnell ADDRESS Hannibal Mo.

