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

Do not use this space

25545

1. PLACE OF DEATH

County: Lincoln — Registration District No.: 486 — File No.:

Township: Burr Oak — Primary Registration District No.: 5650 — Registered No.: 32

City: (No. ..., ... St. ..... Ward)

2. FULL NAME Edna Smith

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

AUG 26 1931

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: Dave Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 8. 1882

7. AGE: Years 49 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home.
(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): Missouri

PARENTS
10. NAME OF FATHER: Brown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know.
12. MAIDEN NAME OF MOTHER: Dont know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

14. INFORMANT: Dave Smith
(Address): Foley Mo. R.F.D.

15. FILED 8-10, 1931 C. E. Powell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 23 1931

17. I HEREBY CERTIFY, That I attended deceased from February 23, 1931, to July 23, 1931, that I last saw her alive on July 23, 1931, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-renal decompensation (Mitral regurgitation and chronic nephritis)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic passive congestion of liver ascites, edema
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF ~~No~~
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical and Laboratory findings

(Signed) J. J. Allevato, M. D.
, 19 (Address) Winfield, 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~~: Pleasant Hill Cemetery — DATE OF BURIAL: July 25, 1931

20. UNDERTAKER: David L. Forbush — ADDRESS: Winfield Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.