

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1551
 City St. Joseph (No. 2605 Faraon St.) St. _____ Ward _____

File No. 30550
 Registered No. 911

2. FULL NAME

Mary Coral Smart
 (a) Residence, No. 2605 Faraon St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 E Dale Smart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, W. Va.

FATHER 13. NAME Jackson Goad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, W. Va.

MOTHER 15. MAIDEN NAME Sarah K. Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, W. Va.

17. INFORMANT E. Dale Smart
 (ADDRESS) 2605 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green City, Mo. DATE Sept. 4, 1931

19. UNDERTAKER Walter Moeckel
 (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-4-31, 1931 John K. Bunker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 to Sept 3, 1931

I last saw him alive on Sept 3, 1931. Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis (Chronic) Date of onset Nov. 31

92A
82B
92A

Other contributory causes of importance: Cerebral Thrombosis Aug. 30

Name of operation _____ Date of _____

What test confirmed diagnosis? Chinuit Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Allaman, M. D.
 (Address) 1st. State Bank Bldg. St. Joseph, MO.

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.

OCT 22 1931

