

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

Do not use this space.

40219
40369

1. PLACE OF DEATH *Callaway*
 County Registration District No. *104*
 Township *Fulton* Primary Registration District No. *3008*
 City St. Ward)
 2. FULL NAME *Miss. Louisa Smith*
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

File No.
 Registered No. *265*
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>— — 1878</i>		
7. AGE YEARS <i>53</i>	MONTHS <i>—</i>	DAY <i>—</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Seamstress</i>		
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) <i>Fulton, Missouri</i>		
13. NAME <i>Don't know</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>		
15. MAIDEN NAME <i>Amelia Smith</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Martha Clark, 515 Bluff Street, Fulton Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>South Side Cemetery Jan. 1 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Eli Bell, Fulton, Mo</i>		
20. FILED <i>Dec. 31 1931</i> <i>A. N. Creed</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 27 1931* to *Dec 29 1931*
 I last saw her alive on *Dec 29 1931* Death is said to have occurred on the date stated above, at *12:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
From a mitral Stenosis
 Other contributory causes of importance: *Arteriosclerosis*
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* 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) *H. D. Owen*, M. D.
 (Address) *Fulton Mo.*

Date of onset
9 yrs ago

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.

19 1932

