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

Do not use this space.

33392

1. PLACE OF DEATH 96
County St Louis Registration District No. 784 File No.
Township St Ferdinand Primary Registration District No. 6030 Registered No.
City (No. Maryland Heights St. Ward)

2. FULL NAME Sallie Smith
(a) Residence, No. Maryland Heights 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luke Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19th 1855
7. AGE YEARS 77 MONTHS 7 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keithsburg, Illinois 2

FATHER
13. NAME Seth Redmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Crabtree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Sid Whiting 4322 Olive St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Oct 31st 1932
19. UNDERTAKER (ADDRESS) Wagoner Mud Co 3621 Olive St.
20. FILED 11/8 1932 E. J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1932 to Oct. 29, 1932
I last saw her alive on Oct. 29, 1932 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Diabetes Melatus
59
98B 5 1
Date of onset
Other contributory causes of importance:
Diabetic Tumour of Fast.
Name of operation none Date of no
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? — 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?
If so, specify
(Signed) F. L. Finley, M. D.
(Address) 9209 E. Milton

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.

NOV 28 1932

THIS IS A PERMANENT RECORD