

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

Do not use this space. ✓

9930

1. PLACE OF DEATH

County Jackson
Township Washington
City Martin City (No. _____)

Registration District No. 404
Primary Registration District No. 5558

File No. _____
Registered No. 18 (St. _____ Ward _____)

2. FULL NAME

Anna M. Smith

(a) Residence, No. Martin City 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)

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 Falden Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 12, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	62	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Martin City Mo.

13. NAME Falden Bart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Falden Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Mo. DATE 3-28-33 19. _____

19. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons

20. FILED 9-27-1933 B.F. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1933, to March 26, 1933
I last saw her alive on March 25, 1933. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Colon
Date of onset _____
Other contributory causes of importance:
Cerebral Hemiplegia 1-13-33
Hypertension several years
Arterio-sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? lab. & clinical 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) Ada B. Pader, M. D.
(Address) Martin City, 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.

APR 22 1933

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