

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

Do not use this space.

19317

1. PLACE OF DEATH

County North
Township Union
City (No.)

Registration District No. 904
Primary Registration District No. 6215-

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1852</u>		
7. AGE <u>82</u>	YEARS <u>0</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Armstrong Co. Pa.</u>		
13. NAME <u>Black</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
17. INFORMANT (ADDRESS) <u>Mary Dawson Sheridan Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladoga Cemetery</u> DATE <u>May 31 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Long & Boyd Sheridan Mo.</u>		
20. FILED <u>May 30 1934</u> <u>Wm O. H. Bond</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1934 to May 29 1934
I last saw her alive on May 28 1934 Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:
mitral insufficiency
9411
1211
Q/A
Other contributory causes of importance:
cerebral hemorrhage

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) H. E. Lang _____, M. D.
(Address) Sheridan Mo

MIN 27 1934

