

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.

SEP 6 1934

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

Do not use this space.

29715

1. PLACE OF DEATH

County Jackson Registration District No. 408
Township Jackson Primary Registration District No. 5563
City Portage (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Sarah Elizabeth Smith.

(a) Residence, No. 508 Colper St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred, 50 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
73 3 5

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

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) Columbia Mo.

13. NAME James M. Rice

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

15. MAIDEN NAME Elizabeth Jane Payne

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

17. INFORMANT Frank M. Smith Son (ADDRESS) 508 Colper St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 8/16 1934

19. UNDERTAKER Wm. Drake (ADDRESS) Portage Mo.

20. FILED Aug 16 1934 L. B. Clinton M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934, to Aug 14 1934
I last saw her alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 9:55 P.M.

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

Chronic Nephritis
131
106 B 131

Other contributory causes of importance: Chronic Nephritis

(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? _____ Date of injury _____, 1934

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) W. B. Drake, M. D.

(Address) _____

