

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

W. E. Neal
Do not use this space.

30345
File No. 296 297
Registered No. 668

OCT 28 1935

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 201 So. Quincy St. _____ Ward _____)

2. FULL NAME Elizabeth Smith

(a) Residence, No. 201 So. Qy. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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 Ellis R. Smith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 1856		
7. AGE	YEARS 79	MONTHS 6
	DAYS 4	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 24/35** . 1935

I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to Sept 24, 1935.
I last saw her alive on Sept 24, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

chronic myocarditis
(from alcoholism)

Date of onset 1 yr.

930

Other contributory causes of importance:
Arteriosclerosis (Coronary) 2 yrs.
Arterio-sclerosis

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

FATHER

13. NAME Hampton Stricklin

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

MOTHER

15. MAIDEN NAME Elizabeth Brooks

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

17. INFORMANT Ellis R. Smith
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Sept. 26 1935

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 9-26-35 Jean Slack
Registrar

Name of operation none Date of _____

What test confirmed diagnosis Cholesterol 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) Chas. W. Neal, M. D.
(Address) Sedalia Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

