

FEB 19 1936

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

Do not use this space.

1715

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Carthage - Mc Guire (Probs) Hospital St. _____ Ward _____

2. FULL NAME

Ells Sakmoy
(a) Residence, No. Route 4 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 28 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Sakmoy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAY <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Sutts Hungary</u>		
MOTHER	13. NAME <u>Sttus Mrossi</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
	15. MAIDEN NAME <u>Julia Streets</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
17. INFORMANT (ADDRESS) <u>Albert Sakmoy Route 4 - Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Cemetery</u> DATE <u>Jan. 13, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Queen Mortuary Carthage, Missouri</u>		
20. FILED <u>Jan 11, 1936</u> <u>S. B. Colinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Jan 9, 1936I last saw her... alive on Dec 24, 1935. Death is saidto have occurred on the date stated above, at 9:30 p. m.

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

Chronic Myocarditis
angina pectoris

Date of onset
?

Other contributory causes of importance

Name of operation none Date of _____What test confirmed diagnosis? physical Was there an autopsy? no23. 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) George H. Wood M. D.(Address) Carthage 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.

