

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.

MAY 20 1936

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

Do not use this space.

14705

1. PLACE OF DEATH

County Winklin Registration District No. 284 File No.
Township Holcomb Primary Registration District No. 5404 B Registered No.
City Holcomb (No.) St. Ward)

2. FULL NAME

Sarah Jane Smith
(a) Residence, No. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 28

OCCUPATION
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. work
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) Tennessee

FATHER
13. NAME Robert Foster

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT J. C. Riddle
(ADDRESS) Holcomb, Mo.

18. BURIAL, CREMATION OR REMOVAL
PLACE Funeral Home DATE May 1 1936

19. UNDERTAKER J. C. Foster
(ADDRESS) Holcomb, Mo.

20. FILED 5-11 1936 J. A. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30 1936 to April 30 1936
I last saw her alive on 4/30/36 19... Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis Date of onset many
1066
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Let 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..... 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) J. A. Anderson M. D.
(Address) Holcomb, Mo.

