

N.B.—Every item of information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

571 JUL 29 1937

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

Do not use this space.

24046

1. PLACE OF DEATH

County Jefferson
Township Rock
City (No. _____) _____

Registration District No. 423
Primary Registration District No. 5578

File No. _____
Registered No. 18 Ward _____

2. FULL NAME

Sarah Josie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FF 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED
WIFE OF William James Smith

22. I HEREBY CERTIFY, that I attended deceased from 6/24/37, 1937, to 6/30/37, 1937

I last saw her alive on 6/30/37, 1937. Death is said to have occurred on the date stated above, at 1.45 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1870

7. AGE YEARS 66 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Chor Myocarditis

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) Fredericktown, MO (STATE OR COUNTRY)

13. NAME Unknown

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

Name of operation none Date of _____

What test confirmed diagnosis? Phys. Exa. Was there an autopsy? No

15. MAIDEN NAME Unknown

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT E. P. Smith (ADDRESS) Fredericktown, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum, Mo. DATE July 1, 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER Neeligan Funeral Home (ADDRESS) Fredericktown, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

20. FILED June 30, 1937 Phil J. Work Registrar.

(Signed) O. Thomas J. Seem, M. D.

(Address) Burnhart, Mo.

