

REC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 501
Township Locust Creek Primary Registration District No. 5156
City (No.) St. Ward

File No. 2942
Registered No. _____

2. FULL NAME 530 Sarah Elizabeth Smith

(a) Residence, No. _____ St. _____ Ward Haddom, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 3 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 XXXXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 4 19

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

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Francis Carroll

14. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXXXXXXXXX (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Garstang

16. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXXXXXXXXX (STATE OR COUNTRY) England

17. INFORMANT Mrs. W. E. Flomerfelt (ADDRESS) Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Haddom, Kansas DATE 1/25/1939

19. UNDERTAKER Thorne Undertaking Co. (ADDRESS) Linneus, Missouri

20. FILED 2-9 Maui West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 23, 1939
I last saw her alive on Jan 23, 1939 Death is said to have occurred on the date stated above, at 10:00 am.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver
12413
Date of onset _____
Other contributory causes of importance: Cardiac failure

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify Yes
(Signed) W. H. Bradley, M. D.
(Address) Linneus, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-95

Date Filed FEB 9 1939