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

Do not use this space.

14842

1. PLACE OF DEATH

County _Gentry_

Township _Cooper_

City _____ (No. _____ , _____ St. _____ Ward)

Registration District No. _314_

Primary Registration District No. _5429 B_

File No. _____

Registered No. _5_

2. FULL NAME _Mrs Sarah L 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._

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Eber A Smith_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Nov. 21 - 1847_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	91	3	14	

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.

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) _Plainfield N Jersey_

13. NAME _Thomas C Danbury_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _N. H_

15. MAIDEN NAME _Eliza Freeman_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _N. J._

17. INFORMANT (ADDRESS) _Chauncey Smith Stanberry Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Stanberry_ DATE _4/9_ 19_39_

19. UNDERTAKER (ADDRESS) _Larry H Phillips Stanberry Mo_

20. FILED _4/6_ 19_39_ _C A Freeman_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Apr. 5_ 19_39_

22. I HEREBY CERTIFY, That I attended deceased from _Sept_ , 19_38_, to _Apr 5_ , 19_39_

I last saw h__ alive on _Sept_ , 19_39_ Death is said to have occurred on the date stated above, at _3.40 P._ m.

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

Acute Valvular Heart Disease

Date of onset

Other contributory causes of importance: _Age_

Name of operation _None_ Date of _____

What test confirmed diagnosis? _N a_ Was there an autopsy? _N a_

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? _N a_

If so, specify _____

(Signed) _F A Hindler_ , M. D.

(Address) _Stanberry, Mo._