JUL 24 1928

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

Do not use this space.

20059

1. PLACE OF DEATH
County: Callaway
Township: Fulton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3133

File No. .....
Registered No. 121

2. FULL NAME: Winnie Lester Smart

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: C.W.Smart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/I 1879

7. AGE: 49 YEARS | 3 MONTHS | 10 DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Calvin Pugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Betsie Gurrant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

14. INFORMANT: C.W.Smart
(Address): R.F.D.Fulton Mo.

15. FILED: 6-13 1928 R. N. Crews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/11 1928

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1928, 19..., to date of death, 19..., that I last saw her alive on May 5th, 1928, and that death occurred, on the date stated above, at 6, A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac insuffieiency, endocarditis, hypertention, arteroclerosis following rheumatism.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? P.E.
(Signed) ~~Geo. E. Burks~~ Call, M. D.
, 19 (Address) Fulton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hillcrest Cemetry Fulton | DATE OF BURIAL: 6/12 1928

20. UNDERTAKER: Herndon Taylor | ADDRESS: Fulton 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.