APR 30 1930

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

Do not use this space.

9600

File No. .....

Registered No. 11

Registration District No. 582

Primary Registration District No. 5780

1. PLACE OF DEATH

County Monroe

Township Washington

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

2. FULL NAME Sallie Margret 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 about 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John. T. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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 John Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N. K.

12. MAIDEN NAME OF MOTHER Charlotte (last name not known)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N. K.

14. INFORMANT Chester Smith
(Address) Paris, Mo.

15. FILED 3/31, 1930 H. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1930, to Mar. 30, 1930, that I last saw him alive on Mar. 20, 1930, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
(1920)
77
..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) 2 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? Clinical

(Signed) M. C. McMurray, M. D.
3/31, 1930 (Address) Paris, 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 Crooked Creek Church — DATE OF BURIAL 4/1 1930

20. UNDERTAKER Speed & Blakey — ADDRESS Paris, Mo.

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.