

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

Do not use this space.

23623

**1. PLACE OF DEATH**

78 County Remick  
Township Hayti  
City Hayti (No. ....)

Registration District No. 653  
Primary Registration District No. 5864

File No. ....  
Registered No. 73  
St. .... Ward)

**2. FULL NAME**

Sarah Selena Smith

(a) Residence, No. Porter Farm 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 col.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mose Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1898  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 7 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 235  
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) 8-1-1932  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dockery miss 2

FATHER  
13. NAME Hime Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER  
15. MAIDEN NAME Rucella Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arpola miss 2

17. INFORMANT Mose Smith  
(ADDRESS) Porter Farm Hayti mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE County Farm DATE 7-20 1932

19. UNDERTAKER Ray and Co.  
(ADDRESS) Hayti mo

20. FILED 7-19-1932 J. Johnson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1932 to July 19 1932  
I last saw h. alive on July 17 1932. Death is said to have occurred on the date stated above, at 5-9 m.

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

Acute Nephritis  
1301 130  
Other contributory causes of importance:  
Nephritis  
Date of onset 6/19/32

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? no  
If so, specify no  
(Signed) J. Rhoads M. D.  
(Address) Hayti 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.

MISS 95-1932

