

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

Do not use this space.

39367

1. PLACE OF DEATH

14 County Callaway
Township
7 City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 242 St. Ward)

2. FULL NAME Sarah Ellen 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 Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/30 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Mo.

13. NAME Moses Smart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Pelmia Smart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. M. E. Gormine Fulton Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE 12/31 33

19. UNDERTAKER Herndon Taylor Fulton Mo.
(ADDRESS)

20. FILED Dec 30 1933 R. N. Crews
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30 33
22. I HEREBY CERTIFY, THAT I attended deceased from April 5 1930 to Dec 30 1933
I last saw him alive on Dec 23 33 Death is said to have occurred on the date stated above, at 9.15 A M
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
9.5 B
77
Other contributors causes of importance
Septicemia + Dilatation of Heart
Edema
Date of onset

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?
If so, specify
(Signed) A. D. Ferguson, M. D.
(Address) at Fulton 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.

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