

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

Do not use this space.

85

200

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St. Joseph

(No. 330 Ohio St.)

File No.

Registered No. 13

St. Ward)

2. FULL NAME Sarah C. Smith

(a) Residence, No. 330 Ohio

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Henry Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1857

7. AGE

YEARS

76

MONTHS

8

DAYS

0

IF LESS than 1

day, hrs. or min.

OCCUPATION

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)

Unknown

(STATE OR COUNTRY)

Unknown

MOTHER / FATHER

13. NAME

Richard Jones

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Elisabeth Ramey

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

17. INFORMANT Arthur Smith

(ADDRESS) 330 Ohio St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem. DATE Jan. 5, 1934

19. UNDERTAKER

(ADDRESS) Fred O'Clark
5025 King Hill Av.

20. FILED 1-4

19 34 John R. Bonders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 34 to Jan 4 - 34

I last saw her alive on Jan 4 - 1934 Death is said

to have occurred on the date stated above, at 4:30 m.

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

Biliary Calculi
Nephritis
Shock

Date of onset

several wks.
a few hrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

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 Fentoxyl sodium

(Signed) Fentoxyl sodium M. D.

(Address) 216 W. W. W. Ave.

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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Dear Mr. [Name],

I have received your letter of the 15th and am sorry that I cannot give you a more definite answer at this time.

The matter is being reviewed by the appropriate authorities and I will be in touch with you again as soon as a final decision has been reached.

I am sure that you will understand the need for thoroughness in this process and appreciate the time it takes to reach a final conclusion.

Thank you very much for your patience and understanding. I will contact you again once a final decision has been reached.

Sincerely,
[Signature]