

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.

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Boone
City (No.)

Registration District No. 1104
Primary Registration District No. 5419

File No. 28895

Registered No. 13
St. Ward

2. FULL NAME

Susan Smith

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 John Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1866

7. AGE YEARS 68 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Fayetteport Germany

13. NAME Laupus

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Fred Newton Springfield mo

18. BURIAL, CREMATION) OR REMOVAL PLACE St Paul com. DATE 8/12 1934

19. UNDERTAKER (ADDRESS) Laura Tweyer

20. FILED Aug 12 1934 W. P. Fitzgerald Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to August 10, 1934
I last saw her alive on August 10, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

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

Strangulation of an incarcerated hernia - (Ventral in an old scar)

Date of onset 8-6-34

Other contributory causes of importance 122A

Name of operation none 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?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Fitzgerald, M. D.
(Address) Gerard Missouri

