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.

AUG 13 1935

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

Do not use this space.

22135

File No.

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 80

Township Agency — Primary Registration District No. 4048

City Agency (No. ..... St. ..... Ward)

2. FULL NAME Sarah A. Smith

(a) Residence, No. Agency St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred not known 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. B. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 9, 1847

7. AGE: 88 YEARS — MONTHS: 5 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none (Invalid)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife, until 2 years ago
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): not known

FATHER

13. NAME: William Noland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Tom Taylor, Agency Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Agency — DATE: July 19 1935

19. UNDERTAKER (ADDRESS): M. A. Sullivan, Stewart, Mo.

20. FILED July 18, 1935 — Mrs Lucy Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1935, to July 17, 1935

I last saw her alive on July 17, 1935. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

	Date of onset
Broncho-Pneumonia	7-11-35
Chronic Myocarditis	Indefinite

Other contributory causes of importance: Hyperthyroidism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) Maxwell Day, M. D.

(Address) 710 Jules St, St. Joseph, Mo.