

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

Do not use this space.

DEC 10 1935

35933

1. PLACE OF DEATH

County Jackson
 Township Smiths Fork
 City Blue Springs (No. RT)

Registration District No. 395
 Primary Registration District No. 22314

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Sarah Jane Smith
 (a) Residence, No. Blue Springs St., _____ Ward _____

(If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 1/2 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 Frank Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-24-1949

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Oct-1-35 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) Blue Springs (STATE OR COUNTRY) Missouri

13. NAME Levi S. Montgomery

14. BIRTHPLACE (CITY OR TOWN) Boyle Co. (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sophia Crump

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

17. INFORMANT Helen M. Smith (ADDRESS) Blue Springs Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE Nov-16-35

19. UNDERTAKER J. C. Patterson (ADDRESS) Gardner, Kansas

20. FILED 744 1935 J. W. Tuttle, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-31, 1935, to Nov. 14th, 1935

I last saw her alive on Nov. 12, 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Chronic myocarditis Date of onset _____
and acute myocarditis _____
Angina pectoris 11/4/35

Other contributory causes of importance:

Fracture of femur 10/24/35

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/24/35

Where and injury occurred? tell down basement stairs

at her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In her home

Manner of injury fell down basement stairs

Nature of injury fractured left femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. P. Giddall M. D.

(Address) Lee's Summit Mo

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.

