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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JAN 15 1936

File No. 38795

Registered No. 272

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH

County Calloway

Township

City Fulton (No. 14 St. Ward)

2. FULL NAME Sadie Smith

(a) Residence, No. St. Louis County 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. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	D.K.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Approx 38			

OCCUPATION

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

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) D.K.

FATHER

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Anatomical Board
PLACE Columbia, Mo DATE OK 19

19. UNDERTAKER J. O. Roberts
(ADDRESS) Columbia Mo

20. FILED Jan 2 19 36 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Dec 28, 1935

I last saw h er alive on Dec 28, 1935 Death is said to have occurred on the date stated above, at 12:20PM

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

	Date of onset
Accidental Mechanical Suffocation (due to bolus of food while eating lunch)	12/28/35
	15

Other contributory causes of importance: Syphilitic Meningo Encephalitis D.K.

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? accident Date of injury 12/28/35

Where did injury occur? Dining room ward #10S Fulton Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Hospital #1

Manner of injury See above

Nature of injury

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

If so, specify

(Signed) E. E. Landis, M. D.

(Address) Fulton Mo.