

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 468 File No. 6998
Township Buck Prairie Primary Registration District No. 5629 Registered No. 6
City Marionville St. _____ Ward _____

2. FULL NAME

Sarah Smith
(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1848</u>		
7. AGE	YEARS	MONTHS
<u>87</u>	<u>8</u>	<u>8</u>
	DAVS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	
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) <u>Lawrenceburg, Pennsylvania</u>		
MOTHER	13. NAME <u>Ruben Musser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	15. MAIDEN NAME <u>Liza Wender</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Owner Smith, Marionville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Marionville</u>	<u>Feb 16 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Burford Funeral Home, Marionville, Mo.</u>		
20. FILED <u>Mar. 5 1937</u> <u>Laura O. Conroy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb. 15, 1937.
I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Senility

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) F. W. Lester, M. D.
(Address) Marionville, Mo.

WRITE PLAINLY, WITH FADING 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.

