

REC'D JAN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

99 County Scottland 2 Registration District No. 810
Township West 1 Primary Registration District No. 6057
City (No. _____) St. _____ Ward _____

File No. 44617
Registered No. 44

2. FULL NAME

530 Martha W. Smoot
(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dee Smoot</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1853</u>		
7. AGE YEARS <u>85-</u>	MONTHS <u>0</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottland Co. O13. NAME Wenson Pryor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 915. MAIDEN NAME Martha Wall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 917. INFORMANT Ray Smoot
(ADDRESS) Chicago, Ill.18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover DATE Dec 12 193819. UNDERTAKER Loyd Moore
(ADDRESS) Dover, Mo.20. FILED Dec 21, 1938 E. E. Parrish
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from noon attended to her, 1938
I last saw her alive on Dec 11, 1938. Death is said to have occurred on the date stated above, at 1.00 P.M.
The principal cause of death and related causes of importance were as follows:
Heart failure - patient found dead in bed
Date of onset

Other contributory causes of importance: 200 W

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 _____, 1938
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) E. E. Symmonds M. D.
(Address) Colonel Sect. Co. 725 Memphis 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-1035

Date Filed July 29