

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

Do not use this space.

36856

1. PLACE OF DEATH

County Dentry

Registration District No. 314

Township Stanberry

Primary Registration District No. 4190

City Stanberry (No.)

File No.

Registered No. 41

St. Ward)

2. FULL NAME

Joseph J. 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

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Alice Smith

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

Feb. 8, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

9

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lagansport Indiana

10. NAME OF FATHER

Ebenezer Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Ind.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT

(Address)

Clarence Smith Stanberry Mo

15.

FILED

11/15/29 C. Bernal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 13 1929

17.

I HEREBY CERTIFY, That I attended deceased from

19...., to 19...., (that I last saw him alive on 19...., and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic valvular heart disease 92A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. J. Phillips

M. D.

, 19

(Address)

Stanberry Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Stanberry Mo

11/15/29

20. UNDERTAKER

ADDRESS

W. J. Phillips

Stanberry Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH FADING INK—THIS IS A PERMANENT RECORD

Dr. G. Fred Hentley