

MAR 25 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4613

1. PLACE OF DEATH

County HenryRegistration District No. 309Township AtkinsPrimary Registration District No. 5427City Atkins (No.)File No. Registered No. 11St. Ward)

2. FULL NAME

John Chilton 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

4. COLOR OR RACE

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

malewhitesingle

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

divorced

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

July 12 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.7176

8. OCCUPATION OF DECEASED

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

Retired

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

Druggist

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Heracles Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mary Lehman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

E. HilesRidgway Mo.

15. REGISTERAR

(Address)

Mar 10, 1930W. J. Dwyer

REGISTERAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 10, 1930, to Feb. 18, 1930that I last saw him alive on Feb. 18, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

7404 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS no(Signed) J. E. Graham, M. D.Feb. 10, 1930 (Address) Albany 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

GrandviewFeb. 20 1930

20. UNDERTAKER

ADDRESS

A. J. BaseAlbany

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.

