WRITE PLAINLY, WITH UNFADING 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.

AUG 29 1931

Carlisle

Do not use this space.

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

29044

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 223
City Sedalia (No. 510, E 12th St. Ward)

2. FULL NAME Joseph Franklin Smith
(a) Residence, No. 510 E 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 17 1867

7. AGE: YEARS 63 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Ill

FATHER
13. NAME: M Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT (ADDRESS): Mrs Anna Smith Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 8-4 1931

19. UNDERTAKER (ADDRESS): Gillespie Sedalia Mo

20. FILED 8-4 1931 J. S. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1930 to Aug 3, 1931
I last saw him alive on Aug 3, 1931. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dont Know
131	
930 / 31	

Other contributory causes of importance:

Chronic Nephritis Interstitial

Name of operation: None — Date of
What test confirmed diagnosis? Freedy — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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) Jno B Carlisle, M. D.
(Address) Sedalia Mo