

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.

NOV 23 1931

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

Do not use this space.

33752

1. PLACE OF DEATH

County Doddwell
Township
City Hamilton No.

Registration District No. 96
Primary Registration District No. 4058

File No.
Registered No. 35
St. Ward

2. FULL NAME

(a) Residence, No. 1
(Usual place of abode)

Ervin Elmer Smith

St. Ward.

(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)

Martha Smith

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

Martha Smith

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

Dec. 14/1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

9

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Mason Mo

FATHER

13. NAME

Jacob A. Smith

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Irene Pooch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT

Mrs Fannie Schmeier

18. BURIAL, CREMATION, OR REMOVAL

PLACE New York DATE 9/11 '31

19. UNDERTAKER (ADDRESS)

John Haughton Hamilton Mo.

20. FILED

Oct 11 1931 Martha Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 2 a.m. Oct 9 1931, to 12 m. Oct 9 1931

I last saw him alive on Oct 9 1931. Death is said

to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset Oct 8

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?

If so, specify

(Signed) J. H. Bourne M.D.

(Address) Hamilton Mo.

