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

Do not use this space.

37366

File No.

Registered No. 143

1. PLACE OF DEATH: County Gentry; Township [illegible]; City Albany; (No. ..... St. ..... Ward)

Registration District No. 309

Primary Registration District No. 4185

2. FULL NAME Fred L. Smith

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mae Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11 - 1879

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	10	30	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Manager

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): Albany Mo.

FATHER

13. NAME: John Geo. Smith

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

MOTHER

15. MAIDEN NAME: Annis Orendorff

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

17. INFORMANT (ADDRESS): Mrs. Fred Smith Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Highland DATE: Nov. 17 1931

19. UNDERTAKER (ADDRESS): A. J. Bare Albany Mo.

20. FILED Nov. 23, 1931 W. W. Morin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-29-, 1931, to 11-16-, 1931

I last saw him alive on 11-16-, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Thrombosis	
Superior Vena Cava	10-28-31.

Coma

Other contributory causes of importance:

Name of operation: none Date of: -

What test confirmed diagnosis? Clinical 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 ....., 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) Wm. R. H. Rose, M. D.

(Address) Albany, Mo.

DEC 28 1931

WHITE PAPER ONLY, 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.