

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 also important.

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

Do not use this space.

1. PLACE OF DEATH

County *Franklin*
Township
City *Marceline* (No.)

Registration District No. *502*
Primary Registration District No. *4305*

38218
File No.
Registered No. *54*
St. Ward)

2. FULL NAME

Ezekiel 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 *56* 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 *Etta Donaldson Smith* (OR) WIFE OF.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25 - 1844*

7. AGE YEARS *86* MONTHS *11* DAYS *28* IF LESS than 1 day, hrs. or min.

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. *Retired*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Dunnamin* (STATE OR COUNTRY) *County Tyrone Ireland*

13. NAME *John Smith*

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

15. MAIDEN NAME *Jane Hazelton*

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

17. INFORMANT *Mrs E Smith* (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE *Millwest* DATE *Nov 20 1931*

19. UNDERTAKER *Jas M. ...* (ADDRESS) *Marceline Mo*

20. FILED *1/27* 19*31* *Stefanman* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 23, 1931*

22. HEREBY CERTIFY, that I attended deceased from *Jan 10*, 19*31*, to *Nov 22*, 19*31*. I last saw him alive on *Nov 22*, 19*31*. Death is said to have occurred on the date stated above, at *6:00 a.m.*

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

mening
131
132B
Other contributory causes of importance:
Chronic nephritis

Name of operation *131* 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? *No*
If so, specify
(Signed) *Chas. ...*, M. D.
(Address) *Marceline Mo*

