

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

Do not use this space.

41385

1. PLACE OF DEATH

County Johnson
Township Columbus
City (No. _____) (Ward _____)

Registration District No. 433
Primary Registration District No. 5590

File No. _____
Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

Johanna Caywood Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1840

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>91</u> | <u>8</u> | <u>6</u> | |

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

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) Kentucky

MOTHER FATHER 13. NAME J. R. Caywood

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

MOTHER 15. MAIDEN NAME Lusan Gray

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

17. INFORMANT Mrs Anna Baker
(ADDRESS) Warrsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Widow Mo DATE Dec 13 31

19. UNDERTAKER T. W. Goodman
(ADDRESS) Widow Mo

20. FILED 1-3- 1932 J. J. Goffman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to Dec 11, 1931
I last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 3:20 pm.

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

Myocardial Regeneration
Senesile Aedema

9. Name of operation _____ 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) L. J. Scholard, M. D.
(Address) Warrsburg Mo

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.

