

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

Do not use this space.

1021

1. PLACE OF DEATH

County Jackson Registration District No. 342 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. 59
 City W. C. Me. (No. 4600, Wornell Rd) St. _____ Ward _____

2. FULL NAME

Shepard B. Smith
 (a) Residence, No. 4600 Wornell St., 7 Ward.
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1931, to 1-6, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1857

I last saw him alive on 11-5, 1932. Death is said

7. AGE YEARS 74 MONTHS 6 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:

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

Senile Dementia Date of onset 11-132

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

97 162 1/1

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

Other contributory causes of importance: arteriosclerosis 1-131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

Name of operation _____ Date of _____

13. NAME Gurshen Smith

What test confirmed diagnosis Biopsy Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

15. MAIDEN NAME Martha Smith

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____ Nature of injury _____

17. INFORMANT Dora M. Smith
 (ADDRESS) 4600 Wornell Rd

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE W. C. Me. Morial DATE 11-9, 1932

(Signed) C. C. Sanders, M. D.
 (Address) Wornell Rd

19. UNDERTAKER Mrs. G. L. Horster
 (ADDRESS) W. C. Me.

20. FILED Jan 7, 1932 3:30 p. m. Crowe Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

~~Wialto~~ Ma. 3154
-209-E 46 MR 6570