

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

Do not use this space.

1753

1. PLACE OF DEATH  
 64 County Marion Registration District No. 547  
 4 Township X Primary Registration District No. 3079  
 City Hannibal No. 328, Cypress St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dayton Smith  
 (a) Residence, No. 328 Cypress St., \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. 3  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 (OR) WIFE OF Agnes Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>85</u>	<u>0</u>	<u>9</u>	

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

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) Woodstock 2  
 (STATE OR COUNTRY) Ohio

MOTHER FATHER

13. NAME Cyrus Smith 9

14. BIRTHPLACE (CITY OR TOWN) not known  
 (STATE OR COUNTRY) Connecticut

15. MAIDEN NAME Fannie Hall

16. BIRTHPLACE (CITY OR TOWN) not known  
 (STATE OR COUNTRY) Ohio

17. INFORMANT Harry Smith, Son  
 (ADDRESS) 328 Cypress St Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Barry Hill Park DATE Jan. 6, 1932

19. UNDERTAKER Am M Smith  
 (ADDRESS) 902 1/2 W. Hannibal, Mo

20. FILED Jan 5, 1932 66 Cousins  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Jan 4, 1932  
 I last saw him alive on Dec, 1931. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Uremia</u>	
<u>137</u>	
<u>132 B</u>	

Other contributory causes of importance:  
enlarged prostate

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? pathology Was there an autopsy? yes

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 \_\_\_\_\_ (D)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. L. Shultz, M. D.  
 (Address) Hannibal, Mo

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.

FEB 14 1932

