

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

Do not use this space.

1796

1. PLACE OF DEATH

65 County Mercer
2 Township
3 City Princeton (No. _____)

Registration District No. 556
Primary Registration District No. 4528

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

James Monroe 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 1951</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>00</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u>	
	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) <u>7. 7. 52</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland Ill 2</u>		
FATHER	13. NAME <u>Isaac Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina 9</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Murphy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nat Linn 31</u>	
17. INFORMANT (ADDRESS) <u>Wm Smith Princeton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Princeton</u> DATE <u>Jan 16 1952</u>		
19. UNDERTAKER (ADDRESS) <u>Martin's Funeral Home Princeton</u>		
20. FILED <u>1/15 1952</u> <u>J.M. Perry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1952

22. I HEREBY CERTIFY that I attended deceased from Jan 14 1952 Jan 14 1952
I last saw him alive on Jan 14 1952 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Shedder's death - while sitting in chair. Had a valvular heart disease chronic - mitral + aortic insufficiency - disordered
Other contributory causes of importance: as previous examination.
Date of onset 9:30 A
9:40
Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. 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) A. S. Bristow, M. D.
1/15 (Address) Princeton, 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 24 1952

