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.

MAY 23 1932

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

Do not use this space.

11967

1. PLACE OF DEATH
County Clay — Registration District No. 200 — File No.
Township Kearney — Primary Registration District No. 5279B — Registered No. 8
City (No. , St. Ward)

2. FULL NAME Samuel H. 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 50 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 (OR) WIFE OF Mary Margeret Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1861

7. AGE YEARS 71 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER
13. NAME George Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C. 2

MOTHER
15. MAIDEN NAME Mary ann Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Geo. H. Smith, Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilead DATE May 1 1932

19. UNDERTAKER (ADDRESS) C W Hessel Kearney Mo

20. FILED 4/30 1932 Chas. L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16 1932 to April 30 1932
I last saw him alive on April 29 1932 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	Apr 9
15	
15 B	
13 B	

Other contributory causes of importance:
Uraemia

(1)

Name of operation none Date of
What test confirmed diagnosis? — 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) Wm H. Goodson, M. D.
(Address) Liberty, Mo.