

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

Do not use this space.

12085
5-

1. PLACE OF DEATH

31

County James
Township Jackson
City (No) _____

Registration District No. 253
Primary Registration District No. 5351

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

2. FULL NAME

(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 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 Bessie Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 1884
7. AGE YEARS 48 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Spain

MOTHER 13. NAME Anthony Smith

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

15. MAIDEN NAME Nellie Johnston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

17. INFORMANT Maggie Smith
(ADDRESS) 20 CR 7th Springs

18. BURIAL, CREMATION, OR REMOVAL 710 CR Springs

PLACE _____ DATE _____ 1932

19. UNDERTAKER H. P. Roberts
(ADDRESS) 20 CR 7th Springs

20. FILED April 2 1932 M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1932 to April 2 1932

I last saw him alive on April 2 1932 Death is said to have occurred on the date stated above, at 5:38 m.

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

Labor Omnia

Date of onset _____

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____

If so, specify _____

(Signed) A. G. M. Smith, M. D.

(Address) 20 CR 7th Springs

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 24 1932

