

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.

JUN 22 1932

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

Do not use this space.

15815

1. PLACE OF DEATH

38 County Gentry
Township Howard
City _____ (No. _____)

Registration District No. 309

Primary Registration District No. 5434

File No. _____

Registered No. 309

St. 26

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

April 18-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ----- hrs. or ----- min.

68

1

5

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

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

Sty 2

FATHER

13. NAME

Robert Smiddy

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

Sty.

MOTHER

15. MAIDEN NAME

Mary Dawson

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

Sty.

17. INFORMANT (ADDRESS)

Wm Osborn Albany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE West cemetery DATE May 24, 1932

19. UNDERTAKER (ADDRESS)

A. T. Baze Albany Mo

20. FILED

June 1, 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-, 1931, to May 23, 1932

I last saw him alive on May 23, 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Date of onset

Angina Pectoris -

9.4.32

Other contributory causes of importance:

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 ✓, 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? 710

If so, specify

(Signed)

J E S. Graham

M. D.

(Address)

