

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.

15820

1. PLACE OF DEATH

38 County Gentry
10 Township
2 City Stonberry (No. 210)

Registration District No. 314
Primary Registration District No. H190

File No. _____
Registered No. 15
St. _____ Ward)

2. FULL NAME

Cliff Elanett 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED Decoral.
HUSBAND OF (OR) WIFE OF JOE SMITH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31-1860
7. AGE YEARS 72 MONTHS 3 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. Housewife
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) Pa. 2

FATHER 13. NAME Andrew Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 31

MOTHER 15. MAIDEN NAME Jane Wiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 31

17. INFORMANT Mrs. Ray M. Wiley
(ADDRESS) 514 S. 1st St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE _____, 19____

19. UNDERTAKER Latoy G. Phillips
(ADDRESS) Stonberry, Mo.

20. FILED 5/14 1932 Cliff Elanett Smith
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 _____, 1929, to May 23 _____, 1932
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P. m.

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

Other contributory causes of importance:
Fourth stroke
①

Name of operation None Date of operation _____
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 _____
(Signature) Cliff Elanett Smith, M. D.
(Address) Stonberry, Mo.

Dr. Fred. H. Hurlery