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.

JUN 23 1932

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

Do not use this space. 16855

1. PLACE OF DEATH

69 County: Monroe — Registration District No. 0-82 — File No. 40

Township: Jackson — Primary Registration District No. 5779 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Henry Thomas Allen Smizer

(a) Residence, No. County Infirmary St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1845

7. AGE: Years 86 — Months 9 — Days 14 — 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): N. K.
11. Total time (years) spent in this occupation: N. K.

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

FATHER

13. NAME: John Milton Smizer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Julia Ann Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT: Ernest Smizer (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Walnut Grove DATE MAY 19 1932

19. UNDERTAKER: Spencer & Blakey (ADDRESS) Paris, Mo.

20. FILED MAY 18 1932, 19.... H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 18, 1932. I last saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 11 A. m.

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

Cerebral Hemorrhage — Date of onset N. K.

82 d

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? None — 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? No
If so, specify

(Signed) Geo. M. Ragsdale, M. D.
(Address) Paris, Mo.