

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.

JUL 22 1932

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

Do not use this space.

18936

1. PLACE OF DEATH

17 County Carroll Registration District No. 135
Township Eugene Primary Registration District No. 5-201
City Waverly (No. _____) St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME

Samuel B. 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melvinia Staton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-28-1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Carroll County, Mo.</u>		
FATHER	13. NAME <u>James M. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky 2</u>	
	15. MAIDEN NAME <u>Hannah Ellis</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>James Smith, Waverly, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill, Mo.</u> DATE <u>6-26-32</u>		
19. UNDERTAKER (ADDRESS) <u>Stanley Carrollton, Mo.</u>		
20. FILED <u>6-25-32</u> <u>Mrs. E. E. Farmlum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-32

22. I HEREBY CERTIFY, That I attended deceased from 6-4-32 to 6-24-32, 1932.
I last saw him alive on 6-24-32. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. Interstitial Nephritis; Carcinoma of Bladder
Date of onset _____

Other contributory causes of importance: 131 46 B

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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? _____
If so, specify _____
(Signed) J. B. Brown M. D.
(Address) Carrollton, Mo.

