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.

AUG 22 1932

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

Do not use this space.

22028

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 700
Township Primary Registration District No. 1001 Registered No.
City St. Joseph, (No. 1606 Pacific St. Ward)

2. FULL NAME Marion Able Smith,
(a) Residence, No. 1606 Pacific St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1865

7. AGE: YEARS 67 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) July 1929
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky, 2

FATHER
13. NAME James F. Smith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER
15. MAIDEN NAME Marian Katherine Simmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 91

17. INFORMANT (ADDRESS) Mrs. Mabel Smith 1606 Pacific Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsville, Mo. DATE July 21, 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th St. Funeral Home

20. FILED ....., 19.... John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to July 19, 1932
I last saw him alive on July 17, 1932. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary Tumor	Unk
Non malignant	
65	

Other contributory causes of importance:
none

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Post Was there an autopsy? yes

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) C. H. Fuson, M. D.
(Address) St. Joseph Mo.

[illegible]

[illegible] CT [illegible]

[illegible]

[illegible]

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