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

Do not use this space.

22504

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 479

3 City Springfield (No. 821 W. Calhoun St. Ward)

5 2. FULL NAME James Ray Smoots

(a) Residence, No. 821 W. Calhoun St., Ward. (If nonresident, give city or town and State)
(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.

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: Nettie Smoots

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 21-1884

7. AGE: YEARS 47 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman of 3" Fender Gang

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chevrolet Motor Co Flint, Mich.

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): Ohio 2

FATHER

13. NAME: Lewis Smoots

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

MOTHER

15. MAIDEN NAME: Lillian H. Heuler

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

17. INFORMANT (ADDRESS): Mrs. Nettie Smoots, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Green Lawn DATE July 8 1932

19. UNDERTAKER (ADDRESS): J. W. Klingner & Co Springfield, Mo.

20. FILED 7-7 1932 Ralph W. Langston Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 26th, 1932, to July 6th, 1932

I last saw him alive on July, 6th, 1932. Death is said to have occurred on the date stated above, at 8 p. m.

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

	Date of onset
Chronic Myocarditis	
Duodenal Ulcer - chronic	1930
117B	
93C 117 (3)	
111B	
Pulmonary Congestion - both lungs	

Other contributory causes of importance:

Name of operation — (1) Date of

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

(Signed) Paul O. Upshaw, M.D.

(Address) 24 N. Jefferson

MARGIN RESERVED FOR BINDING

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 23 1932

U. S. No. 2.