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

Do not use this space.

1. PLACE OF DEATH
67 County Mississippi — Registration District No. 566 — File No. 23432
3 Township Cravensville — Primary Registration District No. 3030 — Registered No. 64
4 City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Edward B. Smith

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred don't know yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 25 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 1849

7. AGE: Years 82 — Months 9 — Days don't know — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: J. W. Arnold
(Address) City

15. FILED July 26th, 1932 — A. S. Vernon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

E — 5:20 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/25 1932

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1932 to July 25, 1932 that I last saw him alive on July 22, 1932, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC RHEUMATIC ARTHRITIS
57A (duration) 4 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) ENTERITIS
(duration) — yrs. — mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? CLINICAL SYMPTOMS
(Signed) A. M. Chapman, M. D.
, 19 (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove — DATE OF BURIAL: 7/26 1932

20. UNDERTAKER: [illegible] — ADDRESS: [illegible]