

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

Do not use this space.

23915

1. PLACE OF DEATH

96 County St. Louis Registration District No. 284
Township St. Ferdinand Primary Registration District No. 16030
City Winlock Park (No. Winlock Park) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Jefferson Smart

(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>Male</u>	4. COLOR OR RACE <u>White</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>Jamies Smart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE <u>46</u>	YEARS MONTHS DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer 96</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>231</u>	
10. Date deceased last worked at this occupation (month and year) <u>1-9-31</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN), <u>Aliceville</u> (STATE OR COUNTRY) <u>Ala.</u>		
MOTHER	13. NAME <u>Anna Smart</u>	
	14. BIRTHPLACE (CITY OR TOWN), <u>Aliceville</u> (STATE OR COUNTRY) <u>Ala.</u>	
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN), <u>Not known</u> (STATE OR COUNTRY) <u>Ala.</u>		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebrum.
Ruptured aneurysm of abdominal aorta.
Date of onset 7/1/32

Other contributory causes of importance:
96 (3)

Name of operation None Date of _____
What test confirmed diagnosis? opsy 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) John H. Campbell, M. D.
(Address) Coroner of St. Louis

17. INFORMANT Wright Hughes (ADDRESS) Winlock mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE father Pickens DATE 8-1-32

19. UNDERTAKER J.C. Lewis (ADDRESS) Webster mo.

20. FILED Aug 1, 1932 Emma J. Harris Registrar.

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 3 9 1932

103 Newby
Temperance
Harris