

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

Do not use this space.

25389

1. PLACE OF DEATH

10 County Boone
Township Columbia
City Boone (No. 73)

Registration District No. 5172
Primary Registration District No. 5172

File No. _____
Registered No. 182 Ward _____

2. FULL NAME

Jacob P. Smarr
(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 30th 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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) Missouri

13. NAME John Smarr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawards

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LI 31

17. INFORMANT (ADDRESS) George Smarr

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chapel DATE Aug. 20-32

19. UNDERTAKER (ADDRESS) W. O. Vandeventer

20. FILED 8/19/1932 Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1932, to 8-18, 1932

I last saw him alive on 8-18, 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

apoplexy - cerebral
82A
99
100
99-A
Date of onset 8/17/32

Other contributory causes of importance: arteria-sclerosis 170 extension

Name of operation _____ Date of _____

What test confirmed diagnosis? pathology 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) W. O. Fischer, M. D.

(Address) Columbia, Mo.

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.

