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

Do not use this space.

32787

1. PLACE OF DEATH

5-6 County Lewis — Registration District No. 477 — File No.

1 Township Canton — Primary Registration District No. 4286 — Registered No. 57

2 City Canton, Mo (No. ..... St. ..... Ward)

2. FULL NAME Julian Ross 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 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: Jennie Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 17-1873

7. AGE: YEARS 59 — MONTHS 0 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Manager 153
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.S. College
10. Date deceased last worked at this occupation (month and year) Sept 15
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County

FATHER

13. NAME: William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County

MOTHER

15. MAIDEN NAME: Isabella Hannah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee County Iowa 2

17. INFORMANT (ADDRESS): Mrs Jenny Smith (wife) Canton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove Canton, Mo DATE Oct. 7, 1932

19. UNDERTAKER (ADDRESS): F. D. Kelly Canton, Mo

20. FILED 10-7, 1932 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to Oct 5, 1932
I last saw him alive on Oct 5, 1932 Death is said to have occurred on the date stated above, at 3:25 P.m.
The principal cause of death and related causes of importance were as follows:

Toxaemia — Date of onset Sept 26-32

46E
69B
466
1

Other contributory causes of importance: Carcinoma of liver — Oct 1-1931

Name of operation Laparotomy (Exploratory) Date of Sept 29-32
What test confirmed diagnosis? Physical Exam. Was there an autopsy?

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) J. N. Wagoner, M. D.
(Address) Canton, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 25 1934