

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

Do not use this space.

33014

**1. PLACE OF DEATH**

72 County New Madrid  
 Township 1 1 1  
 City Mo

Registration District No. 604  
 Primary Registration District No. 3802

File No. 250  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Peter Smith

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF<br><u>Ruth Craig Smith</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____  |   |   |
| 7. AGE   | YEARS<br><u>66</u>  | MONTHS<br><u>6</u>  |
|  |   | DAYS<br><u>29</u>   |
|  | If LESS than 1 day, _____ hrs. or _____ min.  |   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Shoemaker</u> |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>86</u>                 |   |
|  | 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)<br><u>Hopk Ind</u>                      |   |   |
| FATHER   | 13. NAME<br><u>Wm L Smith</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Hagers town md</u>                                       |   |
| MOTHER   | 15. MAIDEN NAME<br><u>Nancy C. Ferrinberg</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Harrisburg Pa</u>  |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs Peter Smith New Madrid</u>                             |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL  |   |   |
| PLACE _____ DATE _____ 19__  |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Richards Und. Co. New Madrid</u>                          |   |   |
| 20. FILED <u>10/6/1932</u> <u>Wm O B</u> Registrar.                                      |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1932, to 10-4, 1932

I last saw him alive on 10-4, 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Chronic myocarditis Date of onset \_\_\_\_\_  
930  
950  
930  
 Other contributory causes of importance:  
acute dilatation

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) M C Mill, M. D.  
 (Address) New Madrid 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.

OCT 28 1932

PERMANENT RECORD

Very important  
CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid  
Township " "  
City " " (No. ....)

Registration District No. 604  
Primary Registration District No. 5802

File No. ....  
Registered No. 250  
St. .... Ward)

**2. FULL NAME**

Peter Smith

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

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

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

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|----------|-----------|--|
|        | <u>66</u> | <u>6</u> | <u>29</u> |  |

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED ..... 19.....

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

..... Date of onset

Other contributory causes of importance:

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N. B. ... information should be ... 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 very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

... THIS IS A PERMANENT RECORD ...

SUPPLEMENTARY

33014