

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

Do not use this space.

36673

**1. PLACE OF DEATH**

County Pettis

Registration District No. 669

Township Smithton

Primary Registration District No. HH01

City Smithton (No. ....)

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME** Eroy C Black

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode) Length of residence in city or town where death occurred 40 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>Anna S. Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26-1879</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>
	DAYS <u>11</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1932</u>	11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ohio</u>		
FATHER	13. NAME <u>Fennel Black</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Bogart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs Anna Black Smithton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>Nov 9 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Newmyer Smithton Mo</u>		
20. FILED <u>Nov 9 1932</u> <u>Wm J B Mousen</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Nov 7 1932  
I last saw him alive on Oct 18 3 P 1932. 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:  
Chronic Myocarditis  
93C  
Other contributory causes of importance: 93C 93C 93C 93C

Name of operation ..... Date of .....  
What test confirmed diagnosis? Asymptom 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 ..... No

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify E. H. Hatcher (Signed) ..... M. D.  
(Address) Smithton 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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

