

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

Do not use this space.

36684

**1. PLACE OF DEATH**

81 County Boone Registration District No. 677  
 2 Township Keokuk Primary Registration District No. 4403  
 4 City Keokuk (No.       )

File No.         
 Registered No. 92 St.        Ward       

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>71</u>	<u>10</u>	<u>23</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

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) Tennessee

13. NAME Samuel Smith

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

15. MAIDEN NAME Mary Marshall

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

17. INFORMANT (ADDRESS) Mrs. B. Smith, Keokuk, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk DATE 11-18 1932

19. UNDERTAKER (ADDRESS) Harry R. Williams, Keokuk, Mo.

20. FILED Nov. 17, 1932 Joe F. Ayers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Nov 16, 1932

I last saw him alive on Nov 16, 1932 Death is said to have occurred on the date stated above, at 12:24 p.m.

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

Apoplexy Heart 3k

Other contributory causes of importance: Arterio Sclerosis ①

Name of operation        Date of       

What test confirmed diagnosis?        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?  
 If so, specify         
 (Signed) W. B. Smith, M. D.  
 (Address) Keokuk, 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.

9 1932

