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

Do not use this space.

41408

File No.

Registered No. 9

1. PLACE OF DEATH

County St. Louis. Registration District No. 785

Township Bonhomme, Primary Registration District No. 6031

City (No. , St. Ward)

2. FULL NAME Giles Spencer Smith,

(a) Residence, No. Ballwin, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXXXX~~ M. Josie Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1854.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	3	16	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1910.

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cinncinatti, Ohio. 2

FATHER

13. NAME Wright Smith.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Emily Mc Cluney,

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

17. INFORMANT L. Halloway Smith
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Manchester, Mo. DATE Dec. 14, 1932

19. UNDERTAKER Schrader Undt. Co.
(ADDRESS) Ballwin, Mo.

20. FILED 12/13 1932 C. E. Barnett M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Dec 12, 1932

I last saw him alive on Dec 12, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

	Date of onset
Chronic Valvular Heart disease	Sept 1931

Other contributory causes of importance:

Arteriosclerosis	Jan. 1931

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? No

If so, specify

(Signed) Frank Sandges, M. D.

(Address) Ballwin Mo

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

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.