

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

Do not use this space.

440

**1. PLACE OF DEATH**

13 County Caldwell Registration District No. 96  
 4 Township Hamilton Primary Registration District No. 4058  
 2 City Hamilton (No. ....) St. .... Ward)

**2. FULL NAME**

Avram H. Smith  
 (a) Residence, No. .... St., .... Ward. (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1851  
 7. AGE YEARS 81 MONTHS 5 DAYS XX If LESS than 1 day, .... hrs. or .... min.

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) McArthur (STATE OR COUNTRY) Ward, Ohio

13. NAME Amos Smith

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. H. Smith (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE Jan 18, 1933

19. UNDERTAKER Frank & Edw (ADDRESS) Hamilton Mo

20. FILED Jan. 17, 1933 Irene Kemper Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Jan 11, 1933

I last saw him alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 2 P. m.

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

Cerebral hemorrhage  
1933  
12/32  
 Other contributory causes of importance: Nephritis

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) J. J. D. Puryear \* D.O.  
 (Address) Hamilton Mo.

WRITE PAINLY, 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.

22  
23  
24

