

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

Do not use this space.

2636

1. PLACE OF DEATH

813

County Pettis
Township Green Ridge
City _____

Registration District No. 664

Primary Registration District No. 5882

File No. _____

Registered No. 2

St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 11 29

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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) Pettis Co., Mo.

13. NAME M. R. Smith

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

15. MAIDEN NAME Elizabeth Feuck

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

17. INFORMANT (ADDRESS) Tony C. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE History Point DATE Jan 27th 1933

19. UNDERTAKER (ADDRESS) G. B. Shelley, Green Ridge

20. FILED Mar 6 1933 G. B. Shelley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25th 1933

22. I HEREBY CERTIFY That I attended deceased from Aug 9 1932 to Jan 25 1933
I last saw him alive on Jan 25 1933. Death is said to have occurred on the date stated above, at 2:45^{PM}.
The principal cause of death and related causes of importance were as follows:

Hemiplegia
Chronic Valvular disease of heart D.K.

Other contributory causes of importance: _____

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) H. A. Hester, M. D.
(Address) Green Ridge, 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.

