

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.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12928

1. PLACE OF DEATH

County Centry
 Township Albany
 City Albany

Registration District No. 309Primary Registration District No. 4185(No. 111)

George N. Smith
Emily

File No. _____

Registered No. 27

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George N. Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ram Hotel
 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) Rome, Georgia
(STATE OR COUNTRY)13. NAME Robert Hicks14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)15. MAIDEN NAME Rebecca16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)17. INFORMANT Mr. Capt. Gillespie
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL noPLACE Highland Cem. DATE April 24, 193319. UNDERTAKER Clifford Brooke
(ADDRESS)20. FILED Apr. 24, 1933 W. T. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22nd, 193322. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1933, to April 22nd, 1933I last saw him alive on April 22nd, 1933 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Bulbar Paralysis Date of onset 1931
81A

Other contributory causes of importance:

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. S. Campbell, M. D.(Address) Albany Mo

