

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

Do not use this space.

1. PLACE OF DEATH

County Howard,
Township.....
City Fayette. (No.....)

Registration District No. 378
Primary Registration District No. 4222

File No. 16379
Registered No. 37
St. Ward)

2. FULL NAME Thomas Berry 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 Married. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/7/1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher.
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) Missouri (STATE OR COUNTRY)

MOTHER 13. NAME William Smith

14. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY)

15. MAIDEN NAME Isabella Fulerton,

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

17. INFORMANT Mrs T B Smith, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge. DATE 5/9/33

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED 5/8 1933 V R Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/33

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1933, to 5-8-33, 1933.

I last saw him alive on 5-8, 1933. Death is said to have occurred on the date stated above, at 6 1/2 m.

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

Uremic Coma Date of onset 5-1-33

Other contributory causes of importance:
Chronic Nephritis 1932

Name of operation None Date of
What test confirmed diagnosis? Tel 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) W B Bloom, M. D.
(Address) Fayette 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.

MAY 22 1933

