

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

Do not use this space.

17115

1. PLACE OF DEATH

61 County Mason Registration District No. 532.
Township La Plata Primary Registration District No. 5711.
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 10

2. FULL NAME

Jasus 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 1870</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>9</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mason, Co. Mo.</u>
13. NAME <u>Geo Smith</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ida</u>
15. MAIDEN NAME <u>Eliza Drenthin</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ida</u>
17. INFORMANT <u>Anna Smith</u> (ADDRESS) <u>La Plata Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Plata</u> DATE <u>5/18</u> 19 <u>33</u>
19. UNDERTAKER <u>F. R. Easley</u> (ADDRESS) <u>La Plata Mo.</u>
20. FILED <u>5-18</u> 19 <u>33</u> <u>C. H. Buckley</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933, to May 16 1933
I last saw him alive on May 14 1933. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
mitral disease
131
92 A
64 C
Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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. O. Newton M. D.
(Address) La Plata 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.

JUN 23 1933

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