

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

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

Do not use this space.

17144

1. PLACE OF DEATH

County Marion Registration District No. 077  
Township Waco Primary Registration District No. 3079  
City Hannibal (No. 420) Olive

File No. \_\_\_\_\_  
Registered No. 147  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oscar Alvey Smarr

(a) Residence, No. 420 Olive St 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 Floy Smarr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Store

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) Marion Co. Missouri

13. NAME Chas T Smarr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data Missouri

15. MAIDEN NAME Corrie W. Withers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

17. INFORMANT Mrs Floy Smarr (Wife)  
(ADDRESS) 420 Olive St Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE May 10, 1933

19. UNDERTAKER Wm M Smith  
(ADDRESS) 202 1/2 Bldg Hannibal, Mo

20. FILED May 11, 1933 O. C. Clausen  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 8, 1933

I last saw him alive on May 8, 1933 Death is said to have occurred on the date stated above, at 8:50 p.m.

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

Carcinoma of liver Date of onset 53  
Primary in cervical lymph glands  
Other contributory causes of importance: Chronic myocarditis 46

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Chro 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? \_\_\_\_\_

If so, specify John Ruckman M.D.  
(Signed) \_\_\_\_\_ (Address) 102 1/2 Bldg Hannibal Mo

