

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

Do not use this space.

1. PLACE OF DEATH

County Pitts Registration District No. 672
Township _____ Primary Registration District No. 5895
City Dresden St. _____ Ward _____

File No. 20683
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Smith
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mattie E. Smith (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont no

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
dont no dont no dont no

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

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

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY) dont no

13. NAME dont no

14. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY) dont no

15. MAIDEN NAME dont no

16. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY) dont no

17. INFORMANT Mattie E. Smith (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dresden DATE 6/21 1933

19. UNDERTAKER F. H. Ferguson (ADDRESS) Sedalia

20. FILED 20 1933 J. P. [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1933

22. I HEREBY CERTIFY that I attended deceased from June 1 1933 to June 18 1933
I last saw him alive on June 17 1933 Death is said to have occurred on the date stated above, at _____ m.

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

Valvular Heart Disease Date of onset _____

Other contributory causes of importance: eght

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? no Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. P. [unclear] M. D.
(Address) Sedalia 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.

JUL 23 1933

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