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

Do not use this space.

22220

File No. 6

Registered No.

1. PLACE OF DEATH

County: Adair

Township: Walnut

City: (No. , St. Ward)

Registration District No. 1067

Primary Registration District No. 3009

2. FULL NAME: George Edward Smith

(a) Residence, No. place of death 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: Julia Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 21, 1851

7. AGE: Years 81 Months 9 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER

13. NAME: Levi Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Lenora Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs John McConnell Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Winnigan DATE: 7/29 - 19 33

19. UNDERTAKER (ADDRESS): Glenn E. Kent Green City, Mo.

20. FILED: 8-8- 19 33 John P. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7. 27 19 33

22. I HEREBY CERTIFY, That I attended deceased from 7-27 19 33 to 7. 27 19 33

I last saw him alive on 7. 27 19 33 Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
Perforating Ulcer of Stomach	Don't Know

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) Ross H. Shepler, M. D.

(Address) Green City 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

AUG 26 1933

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1953 1 7-27

1851 10-21

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