

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.

NOV 19 1933

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

Do not use this space.

32083

1. PLACE OF DEATH

County Andrew
Township Madawasky
City Savannah (No.)

Registration District No. 13
Primary Registration District No. 4010

File No.
Registered No. 53
St. Ward)

2. FULL NAME Frederick Earl Smith

(a) Residence, No. Pearl St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 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 Mrs. Elizabeth Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 0 29

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.

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

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

13. NAME Abram Smith

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

15. MAIDEN NAME Nancy Posten

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) missouri

17. INFORMANT Mrs. Mary Courtney (ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE Oct. 20- 1933

19. UNDERTAKER Fred Terhune (ADDRESS) Savannah Mo

20. FILED Oct 20 1933 C. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933, to Oct 18 1933
I last saw him alive on Oct 18 1933. Death is said to have occurred on the date stated above, at 4 a. m.

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

Mitral insufficiency Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical 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) P. B. Kelley M. D.

(Address) Savannah Mo

