

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.

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

Do not use this space.

32728

1. PLACE OF DEATH

County Gentry

Registration District No. 309

Township 1

Primary Registration District No. 4185

City Albany

(No. St. Ward)

2. FULL NAME

(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

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

Josephine Smith

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

Nov. 26 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

10

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Mail carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Richard Lee Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Martin Vinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT (Address)

Mrs. B. V. Smith
Albany Mo.

15.

FILED

NOV 2 1933

1933

1933

1933

1933

1933

1933

1933

1933

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 7 18 1932, to 10 18 1933.

that I last saw him alive on 10 18 1933, and that death occurred, on the date stated above, at 7 0 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis

930

11

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank H. Rose, M. D.

, 19 (Address) Albany Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Shepherd cemetery

Oct. 20 1933

20. UNDERTAKER

ADDRESS

A. J. Bare

Albany

