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

Do not use this space.

37690

File No.
Registered No. 85

1. PLACE OF DEATH
County St. Francois
Township Pine
City Bonnerium (No. Bonnerium Hosp. St. Ward)
Registration District No. 775
Primary Registration District No. 6020

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2. FULL NAME Jesse B. Smith
(a) Residence, No. (Usual place of abode) St., Ward. Leadwood Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 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 Grace Mae Smith.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1881
7. AGE: YEARS 52 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead mine.
10. Date deceased last worked at this occupation (month and year) Nov 27 1933
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

FATHER
13. NAME Hugh Bill Smith.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Susanna Compton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Grace Smith. (ADDRESS) Leadwood Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Smith Potosi DATE Nov. 29, 1933
19. UNDERTAKER J. S. Boyer (ADDRESS) Leadwood Mo.
20. FILED 11/28, 1933 W. A. Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933, to Nov 27, 1933
I last saw him alive on Nov 27, 1933. Death is said to have occurred on the date stated above, at 11 50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/27/33
Other contributory causes of importance:	
Hypertension and arteriosclerosis	?

Name of operation None Date of None
What test confirmed diagnosis? None 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 None, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Lyon W. Taylor, M. D.
(Address) Leadwood Mo.

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.

JAN 4