

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.

39713

## 1. PLACE OF DEATH

County St. Louis  
 Township Franklin  
 City St. Louis (No. \_\_\_\_\_)

Registration District No. 312  
 Primary Registration District No. 5431A

File No. \_\_\_\_\_  
 Registered No. 22  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 1012 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|   |                               |   |
|---|-------------------------------|---|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>James M. Smith</u> |                               |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Oct 29, 1866</u>                        |                               |   |
| 7. AGE<br><u>67</u>   | YEARS<br><u>1</u>             | MONTHS<br><u>23</u>   |
|   |                               | DAYS<br><u>23</u>   |
|   |                               | IF LESS than 1 day, _____ hrs. or _____ min.                                |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Bookkeeper</u> |
|            | 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)<br><u>Dec 22, 1933</u>                         |
|            | 11. Total time (years) spent in this occupation  |

|  |
|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis</u> |
|--|

|        |  |
|--------|--|
| FATHER | 13. NAME<br><u>Wm. Gibson</u>                                      |
|        | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>England</u> |

|        |  |
|--------|--|
| MOTHER | 15. MAIDEN NAME<br><u>Margaret Allen</u>                             |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis</u> |

|   |
|---|
| 17. INFORMANT (ADDRESS)<br><u>Emile W. Smith</u><br><u>Franklin City Mo</u> |
|---|

|   |                      |              |
|---|----------------------|--------------|
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>St. Louis City Mo</u> | DATE<br><u>12-26</u> | 193 <u>3</u> |
|---|----------------------|--------------|

|   |
|---|
| 19. UNDERTAKER (ADDRESS)<br><u>King City Mo</u> |
|---|

|  |
|--|
| 20. FILED <u>Jan 10</u> 19 <u>34</u> <u>A. W. Pauletto</u> Registrar |
|--|

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-24 to Dec 12 1933

I last saw her alive on Dec 12 1933. Death is said

to have occurred on the date stated above, 5:15 P. m.

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

Date of onset

acute dilatation of heart  
Chronic myocarditis  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis May 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) R. H. Hurst M. D.

(Address) King City, Missouri

