

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Wayan Registration District No. 552 File No. 5747
Township Warren Primary Registration District No. 5745 Registered No. 3
City _____ St. _____ Ward _____

2. FULL NAME

John Thomas Smoot
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Marion, Mo. Missouri

13. NAME John W. Smoot

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Shelby, Mo. Missouri

15. MAIDEN NAME Helma G. Allen

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Missouri

17. INFORMANT John W. Smoot
(ADDRESS) Warrior city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville Mo. DATE 29 5th 1934

19. UNDERTAKER Green & Sons
(ADDRESS) Hunterville Mo.

20. FILED 2/5 1934 Mrs. Alta V. Wagner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 4 1934

I last saw him alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 6:30 m.

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

Congenital strabismus and stress of heart (herniated)
Other contributory causes of importance: 158

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? No
If so, specify _____ (Signed) R. P. Parker M. D.
(Address) Hunterville 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.

