MAY 25 1934

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

Do not use this space.

13907

File No.

Registered No.

1. PLACE OF DEATH
County Putnam
Township Wilson
City (No. , St. Ward)

Registration District No. 718
Primary Registration District No. 5449

2. FULL NAME Marion S. Smith

(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: Elvira Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6 - 1847

7. AGE: YEARS 87 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Drayman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hauling Merchandise
10. Date deceased last worked at this occupation (month and year): January 34
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn, Co. Mo.

FATHER
13. NAME: Robert Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Forest Pollock Powersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyreka Cemetery DATE Apr 29 1934

19. UNDERTAKER (ADDRESS): Comstock Mercco Unionville Mo

20. FILED April 28, 1934 N. W. Gillum Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1934 to 28th apr, 1934
I last saw him alive on 26th inst, 1934 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
82A
97

Other contributory causes of importance: Arterio Sclerosis
(82A)

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?
If so, specify
(Signed) E. J. Geisinger M. D.
(Address) Unionville Mo

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.