

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township B
City Cassville (No. _____)

Registration District No. 29-
Primary Registration District No. 4021

File No. 15651
Registered No. 29
St. _____ Ward _____

2. FULL NAME Albert William Smith

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cathryn Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19, 1885</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>9</u>
	DAYS <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. <u>unk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unk</u>	
	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) <u>Michigan</u>		
FATHER	13. NAME <u>unk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
MOTHER	15. MAIDEN NAME <u>unk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
17. INFORMANT <u>Hennrich N. Smith</u> (ADDRESS) <u>Cassville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassville, Mo.</u> DATE <u>5-12</u> 19 <u>34</u>		
19. UNDERTAKER <u>Blanchard's</u> (ADDRESS) <u>Cassville, Mo.</u>		
20. FILED <u>5-13</u> 19 <u>34</u> <u>Geo. W. Neuman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934, to May 11, 1934
I last saw him alive on May 12, 1934 Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:
94A
Angina Pectoris ?

Other contributory causes of importance:

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 etc
(Signed) Dr. W. Daniel Bell M. D.
(Address) Cassville, 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.

JUN 20 1934

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Mar 48