

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

Do not use this space.

17147

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 17147
 Township Joplin Mo Primary Registration District No. 2002 Registered No. _____
 City Joplin Mo (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2116 Key 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kimmie L. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 50 yrs

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

13. NAME Chauncey Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Caroline Hooker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loudon England

17. INFORMANT (ADDRESS) Mrs. Kimmie L. Smith 2116 Key St

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE May 10 34

19. UNDERTAKER (ADDRESS) Frank - Smith Co Joplin Mo

20. FILED 5-9 1934 Ed D. Jema Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934 to May 8 1934
 I last saw him alive on May 5 1934. Death is said to have occurred on the date stated above, 5:20 a.m.

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

Chronic Nephritis Date of onset _____
1911
1924
1931
 Other contributory causes of importance: Hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? lab 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) O. T. Blauke M. D.
 (Address) 725 Cass St, Joplin 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 22 1934

USEN BT ABN