

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.

JUL 13 1934

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

Do not use this space.

20934

**1. PLACE OF DEATH**

County Johnson Registration District No. 112  
 Townshp. Prover Primary Registration District No. 6586  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 8

**2. FULL NAME**

H Strong Smith  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mary Dunkley Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 18/83</u>		
7. AGE	YEARS <u>96</u>	MONTHS <u>7</u>
	DAYS <u>8</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>Farmer Retired</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th 1934

22. I HEREBY CERTIFY That I attended deceased from Sept. 1933, to June 26th, 1934

I last saw him alive on June 26th, 1934 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Malnutrition Dehydration  
Lesite Degeneration  
162

Other contributory causes of importance W

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) R. G. Gentry M. D.

(Address) Sweet Springs Mo.

12. BIRTHPLACE (CITY OR TOWN) Bridgport  
 (STATE OR COUNTRY) Ohio

13. NAME A Smith

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

15. MAIDEN NAME Emily Strong

16. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

17. INFORMANT Della B. Brown  
 (ADDRESS) Sweet Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Water Chapel June 27 1934

19. UNDERTAKER Jesse Starbuck  
 (ADDRESS) Sweet Springs Mo.

20. FILED June 27 1934 Thorne S. Tyler  
 Registrar

