

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.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GentryRegistration District No. 309

Township

Primary Registration District No. 4185City Albany

(No. _____)

St. _____

Ward _____

2. FULL NAME Ruben Pigg 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Ann Peary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 12 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Gentry Co. Mo.

13. NAME

Geo. W. Smith

MOTHER FATHER

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

Sty.

15. MAIDEN NAME

Not known

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

Sty.

17. INFORMANT (ADDRESS)

Wade Smith, Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand View DATE July 21 1934

19. UNDERTAKER (ADDRESS)

A. J. Barge, Albany, Mo.

20. FILE

July 25, 1934
W. F. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 19 1934

22. I HEREBY CERTIFY That I attended deceased from

July 19 1934, to July 19 1934I last saw him alive on July 19 1934 Death is saidto have occurred on the date stated above, at 6:15 P.M.

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

Date of onset

Heart ProstrationJuly 19

Other contributory causes of importance:

30

Name of operation

Date of

What test confirmed diagnosis?

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)

J. H. Barger

M. D.

(Address)

Albany Mo.

