

SEP 4 1934

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia No. _____

Registration District No. 73
Primary Registration District No. 3006

File No. 28298
Registered No. 195
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5 Price St., 1 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1850

7. AGE YEARS 83 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Fayetteville, Stafford Ky

13. NAME Jeter Mitchell Smith

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

15. MAIDEN NAME Angelina Foulley

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

17. INFORMANT (ADDRESS) J K Smith Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana, Mo DATE 8-7-34

19. UNDERTAKER (ADDRESS) Perkins & Co Thos McHarg Columbia Mo

20. FILED 8/6/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1934 to Aug 6 1934

I last saw him alive on Aug 6 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Arteriosclerosis Date of onset _____

Asthma from age 4 & intense heat

Other contributory causes of importance: 1934

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 _____, 1934

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) Samuel J. Nelson, M. D.

(Address) 6810 2nd

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.

100-11-22-35

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