

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.

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

Do not use this space.

NOV 20 1934

30443

1. PLACE OF DEATH

County Polk
Township South Benton
City _____ (No. _____) St. _____ Ward _____

Registration District No. 705
Primary Registration District No. 5934

File No. _____
Registered No. 13

2. FULL NAME

Columbus Whitman 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1858</u>		
7. AGE <u>76</u>	YEARS <u>1</u>	MONTHS <u>8</u>
		DAY <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</u>	
	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) <u>Polk County Mo.</u>		
MOTHER FATHER	13. NAME <u>Dudley Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Frances Gordon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs. E. H. Hodes</u> (ADDRESS) <u>Galway, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ethel</u> DATE <u>Aug. 14, 1934</u>		
19. UNDERTAKER <u>White & Lewis</u> (ADDRESS) <u>Galway, Mo.</u>		
20. FILED <u>11-2</u> 19 <u>34</u> <u>Ethel Smith</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934, to Aug. 10, 1934

I last saw him alive on Aug. 10, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
apoplexy
arteriosclerosis with hypertension, Cordis Vasculum, renal disease

Other contributory causes of importance:
arteriosclerosis with hypertension, Cordis Vasculum, renal disease

Name of operation none 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? _____
If so, specify Y. D. Smith
(Signed) _____, M. D.
(Address) Galway, Mo

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