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.

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Ralls
Township: ~~Center~~
City: Center (No. ..., ... St. ... Ward)

Registration District No. 724-
Primary Registration District No. 4431

File No. 37053
Registered No. ...

2. FULL NAME: James Rufus 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: 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Myrtle Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	76	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer-Merchant
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): Jan 1 1933
11. Total time (years) spent in this occupation: 41 e

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Mo

FATHER
13. NAME: W F Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: McPike
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs Myrtle Smith
(ADDRESS): Center Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Olivette Cemetery DATE: Oct 21, 1934

19. UNDERTAKER: Couch & Hulse
(ADDRESS): Center Mo

20. FILED: Oct 21, 1934 J. T. Howard, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19 ~~1934~~, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1934, to Oct. 19, 1934
I last saw him alive on Oct. 19, 1934. Death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct. 17
59	
1325	

59

Other contributory causes of importance:

Diabetes Mellitus	Not known

Name of operation: None Date of: ...
What test confirmed diagnosis? Urinaly sis 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) W. E. Bolle, M. D.
(Address) Center, Mo.