

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

Do not use this space.

6382

MAR 28 1935

**1. PLACE OF DEATH**

County Pettis Registration District No. 669  
 Township Smithton Primary Registration District No. H401  
 City Smithton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4

**2. FULL NAME**

Frank Nestor 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 16 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>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-20-1866</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>11</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Data deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
		<u>Retired farmer</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithton, Mo</u>		
13. NAME <u>Bird P. Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Kentucky</u>		
15. MAIDEN NAME <u>Annie Price</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Aretta Smith</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>2-26-35</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Neumeier, Smithton, Mo</u>		
20. FILED <u>2-26-1935</u> <u>Mrs. J. L. W. Moore</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1935

22. I HEREBY CERTIFY That I attended deceased June 1 1935 to Feb 24 1935  
 I last saw him alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 10:30 P.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Bladder  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
5  
 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) F. Nestor Smith, M. D.  
 (Address) Smithton, Mo.

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.

RECORD THIS IS A PERMANENT RECORD

