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.

100M-11-24-33

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

APR 12 1935

Do not use this space.

7993

1. PLACE OF DEATH
County Andrain — Registration District No. 912 — File No.
Township — Primary Registration District No. 4550 — Registered No. 9
City Vandalia (No. , St. Ward)

2. FULL NAME Henry Irwin Smith
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26 - 1878
7. AGE — YEARS 56 — MONTHS 11 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
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) Ind

FATHER
13. NAME Daniel Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Obtainable

MOTHER
15. MAIDEN NAME Mary E. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Sadie Smith Vandalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Rood House Ills DATE Mar 20 1935
19. UNDERTAKER (ADDRESS) W J Waters Vandalia Mo
20. FILED Mar 18, 1935 Mallie Fuqua Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to March 17, 1935
I last saw him alive on March 17, 1935. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23	

Other contributory causes of importance:

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, 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
(Signed) H. H. Bland, M. D.
(Address) Vandalia Mo