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.

APR 17 1935

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

Do not use this space.

8800

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 161
Township — Primary Registration District No. 3001 — Registered No.
City Springfield Mo (No. 444 W Locust St. Ward)

2. FULL NAME Elmer R Smith
(a) Residence, No. 444 W Locust 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1882

7. AGE YEARS 52 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Fonesville Mo

FATHER
13. NAME Washington Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fonesville Mo

MOTHER
15. MAIDEN NAME Sarah Nance Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs Lucian O'Hara 444 W Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairly Mo DATE 3/20 1935

19. UNDERTAKER (ADDRESS) Wm Finnegle Springfield Mo

20. FILED 3-19, 1935 John W Willis Registrar R W Langston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him ~~alive~~ dead on 3-18, 1935. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance: 94 lb

Name of operation ..... Date of .....
What test confirmed diagnosis? Neutral 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? No
If so, specify
(Signed) Chas A Georg - Coroner, M. D.
(Address) Springfield Mo.