

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

Do not use this space.

APR 26 1935

11520

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City Marshall (No. Mo. State School)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 38  
St. .... Ward)

**2. FULL NAME**

Ralph Willard Smith  
(a) Residence, No. Mo. State School Ward.

Length of residence in city or town where death occurred 26 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20, 1877</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>9</u>	DAYS <u>17</u>
If LESS than a day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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)  
City of St. Louis Mo.

13. NAME  
R. K. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
R. K.

15. MAIDEN NAME  
R. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
R. K.

17. INFORMANT (ADDRESS)  
Dr. J. P. McPherson Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mo. State School DATE March 1935

19. UNDERTAKER (ADDRESS)  
Blanchard Mortuary Marshall, Mo.

20. FILED Mar 8, 1935 Heleen Hurston Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5<sup>th</sup> 1935 to March 7, 1935.  
I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis with acute Coronary Deceleration Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? Micro. and anat. Was there an autopsy? Yes

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) J. P. McPherson, M. D.  
(Address) Marshall

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.

