

24 1935

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

Do not use this space.

20306

1. PLACE OF DEATH

County Livingston Registration District No. 5.1 File No. _____
Township _____ Primary Registration District No. 3.26 Registered No. 75
City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME

Martin G. Smith
(a) Residence, No. 819 Park St. 1 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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) Wed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 7 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ill.

13. NAME Wm S Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Jane Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT W. S. Smith (ADDRESS) Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodsland DATE 6-18-35

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo.

20. FILED June 17 1935 Ronald H. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935
22. I HEREBY CERTIFY That I attended deceased from June 14 1935 to June 16 1935
I last saw him alive on June 14 1935 Death is said to have occurred on the date stated above, 1920 p.m.

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

Apoplexy
Cerebral hemorrhage
Date of onset _____
Other contributory causes of importance: None

Name of operator _____ Date of _____
What test confirmed diagnosis? clinical 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) R. J. Berryman M. D.
(Address) Chillicothe, Missouri

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.

