

JUN 13 1935

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

Do not use this space.

20452

1. PLACE OF DEATH

County Montgomery Registration District No. 5-89
Township Paver Creek Primary Registration District No. 5-7874
City (No.) Ward (No.)

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Thomas 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80. 4 28 26

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) Warren Co Mo

13. NAME Leander Smith

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

15. MAIDEN NAME Sarah Jackson

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

17. INFORMANT (ADDRESS) Marvin Smith High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery DATE June 2 1935

19. UNDERTAKER (ADDRESS) Wardley Mo

20. FILED June 7 1935 E. A. Bull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31 1935 to June 1 1935
I last saw h. alive on May 31 1935 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset 4 days
cause not determined

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? by Exam 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 Bull M. D.
(Signed) Bull M. D.
(Address) Montgomery City 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.

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