JUN 13 1935

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

Do not use this space.

20486

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: New Madrid — Registration District No.: 604

Township: " " — Primary Registration District No.: 435-8

City: New Madrid (No. ..... St. ..... Ward)

2. FULL NAME: Pleasant F. Smith

(a) Residence, No. ..... St., ... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Edith Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 3. 1893

7. AGE — Years: 42 — Months: 4 — Days: ..... — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour

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): Fredericktown Mo.

FATHER

13. NAME: George W. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard County, Mo

MOTHER

15. MAIDEN NAME: Mary Grammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo.

17. INFORMANT (ADDRESS): Edith Smith New Madrid, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Fredericktown, Mo DATE: June 4, 1935

19. UNDERTAKER (ADDRESS): Richards Undtg. New Madrid, Mo

20. FILED: 6/6/1935 — W. Bangnar V.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to June 3, 1935. I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

	Date of onset
Hyper Trophic Cirrhosis of Liver	

Other contributory causes of importance: .....

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Physical Sign 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) W. L. Dyer, M. D.

(Address) New Madrid 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD