

JUL 29 1935

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

Do not use this space.

1. PLACE OF DEATH

County Scott Registration District No. 821  
Township Blue Springs Primary Registration District No. 4553  
City Sikeston, MO. (No. ....) St. .... Ward)

File No. 21836

Registered No. ....

2. FULL NAME

Harvey A. Smith

(a) Residence, No. Sikeston, MO. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1881

7. AGE YEARS 53 MONTHS 10 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Agent  
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) New Madrid Co. (STATE OR COUNTRY) Missouri

13. NAME Henry A. Smith

14. BIRTHPLACE (CITY OR TOWN) Eddyville, (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Louisa Sikes

16. BIRTHPLACE (CITY OR TOWN) New Madrid Co. (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harvey A. Smith  
Sikeston MO

18. BURIAL, CREMATION, OR REMOVAL Sikeston City Cemetery DATE June 30 1935

19. UNDERTAKER (ADDRESS) H. A. Welsh  
Sikeston MO

20. FILED July 5 1935 H. A. Welsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1935

I HEREBY CERTIFY, That I attended deceased from Oct 1934 to June 28 1935

I last saw him alive on June 28 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic Myocarditis Date of onset: .....

Other contributory causes of importance: No

Name of operation: ..... Date of: .....  
What test confirmed diagnosis? Chronic 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) Howard M. Kendig, M. D.  
(Address) Sikeston 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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