

AUG 14 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22568

1. PLACE OF DEATH

County Daviess  
Township Washington  
City (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 249  
Primary Registration District No. 5347

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Francis M 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. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14, 1839</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>4</u>	DAYS <u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Agriculture</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April, 1936</u>	
		11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

13. NAME Morgan Smith

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

15. MAIDEN NAME Mahala Boyer

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

17. INFORMANT Oscar Smith

(ADDRESS) Jameson, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand River Cemete July 30 1935

19. UNDERTAKER Hope Furn. & Undt. Co.,

(ADDRESS) Gallatin, Missouri.

20. FILED Aug 14 1935 Mrs. H. A. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on 7-28, 1935. Death is said to have occurred on the date stated above, at 7:30 PM

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

Uraemic Poisoning  
Chronic Nephritis  
" Myocarditis

Date of onset 6/25/35  
10 yrs  
15 yrs

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) H. B. Cunningham Registrar

(Address) Jeff. 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.

