AUG 12 1935

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

Do not use this space.

25507

1. PLACE OF DEATH
County: Audrain
Registration District No.: 912
Primary Registration District No.: 4650
File No.:
Registered No.: 27
Township:
City: Vandalia (No. ..., St. ..., Ward)

2. FULL NAME: John R. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Single~~ Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8 1861

7. AGE: YEARS 73 | MONTHS 11 | DAYS 23 | If LESS than 1 day, ...hrs. or ...min.

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

FATHER
13. NAME: J. R. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not of Canada

MOTHER
15. MAIDEN NAME: Elizabeth McCurnie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Ky

17. INFORMANT (ADDRESS): Mrs Talmage Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mallwitz Mo DATE: Aug 5 1935

19. UNDERTAKER (ADDRESS): W J Peters Vandalia Mo

20. FILED: Aug 4 1935 Mallie Fuqua Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935, to Aug 3, 1935.
I last saw him alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronic Myocarditis	

Other contributory causes of importance:
Acute Albumin Nephritis

Name of operation: — 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?
If so, specify: No

(Signed) D. R. L. Marshall D.O.
(Address) Vandalia Mo.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THE SUPPLEMENTARY. Do not use this space.

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

1. PLACE OF DEATH
County: Audrain — Registration District No.: 912 — File No.:
Township: — Primary Registration District No.: 4550 — Registered No.:
City: Vandalia (No. , St. Ward)

2. FULL NAME: John R. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — YEARS: 73 — MONTHS: 11 — DAYS: 25 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug 4, 1935 Mallie Fugua Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance: Acute Nephritis caused by Albuminuria

Name of operation 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?
If so, specify

(Signed) R. L. Marshall, M. D.
(Address) Vandalia Mo.

S-25507