

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.

OCT 25 1935

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

Do not use this space.

30098

1. PLACE OF DEATH

County Marion

Registration District No. 547

File No. _____

Township _____

Primary Registration District No. 3029

Registered No. 278

City Hannibal (No. _____)

Severing Hospital

St. _____ Ward _____

2. FULL NAME Mike Smith

(a) Residence, No. 1030 Lindell St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935 to Sept 17, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1879

I last saw him alive on Sept 17, 1935 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 0 19

to have occurred on the date stated above, at 3:00 p.m.

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

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

Cerebral Hemorrhage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

3701

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Kentucky

13. NAME John Smith

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

15. MAIDEN NAME no data

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

17. INFORMANT Mrs Lula Smith (ADDRESS) 1030 Lindell, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Sept 18, 1935

19. UNDERTAKER Wm M Smith (ADDRESS) 902 13th, Hannibal, Mo

20. FILED 9-20 1935 R. H. Shultz Registrar

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) W. E. Sulzer, M. D.

(Address) Hannibal, Mo.

