NOV 18 1935

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

Do not use this space.

31878

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1079
City St. Joseph (No. 5933 King Hill Ave. St. Ward)

2. FULL NAME Onie E. Smith
(a) Residence, No. 5933 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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: Florence Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4, 1863

7. AGE: YEARS 72 — MONTHS 5 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): July 1934
11. Total time (years) spent in this occupation: life

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

FATHER
13. NAME: George Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winston Missouri

MOTHER
15. MAIDEN NAME: Sophia Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): D. O. Wilson 5933 King Hill Ave. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry Mo. DATE Oct 6 1935

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Ave.

20. FILED 10-5 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935, to Oct 3 1935
I last saw him alive on Oct 3 1935. Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorr. Paralysis	7/35
Ch. Arteriosclerosis	
Ch. Hypertension	
Chr. Nephritis	
Chr. Valvular Heart Dis	

Other contributory causes of importance:
Uremic Coma. 10/1/35

Name of operation: Date of
What test confirmed diagnosis? 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) A. R. Timmons M. D.
(Address) St. Joseph, 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.

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