WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 21 1935

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

Do not use this space.

32277

1. PLACE OF DEATH

County Dade — Registration District No. 235 — File No.

Township ~~South Morgan~~ — Primary Registration District No. 4142 — Registered No. 17

City Dadeville (No. ..... St. ..... Ward)

2. FULL NAME David Smith

(a) Residence, No. Dadeville 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23, 1856

7. AGE: YEARS 79 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): until death
11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McMaion County Tenn.

FATHER

13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McMain Co. Tenn

MOTHER

15. MAIDEN NAME: Rudd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McMaion Co. Tenn.

17. INFORMANT (ADDRESS): Mrs. E. B. Smith Dadeville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Divine Cemetery DATE Oct. 22 1935

19. UNDERTAKER (ADDRESS): Will Maze Dadeville, Mo

20. FILED Oct 22, 1935 Morris Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Oct 20, 1935

I last saw him alive on Oct 19, 1930. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
Myocarditis	10-10-35
9341	
Other contributory causes of importance: Broncho Pneumonia	10.16.35

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) B B Kirby, M. D.

(Address) Dadeville Mo