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 26 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 4 11 2002 — File No. 33093
Township — Primary Registration District No. Fran. Benson — Registered No.
City Joplin (No. ... St. ... Ward)

2. FULL NAME Allen Smith
(a) Residence, No. 229 Joplin St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1864

7. AGE — YEARS 71 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ... hrs. or ... min.

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

FATHER
13. NAME James F. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va

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

17. INFORMANT (ADDRESS) Sarah Smith

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview DATE 10/28 30

19. UNDERTAKER (ADDRESS) Hurlbut Hud Co Joplin Mo

20. FILED 10-29 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 35

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1935, to 10-25, 1935
I last saw him alive on 10-25, 1935. Death is said to have occurred on the date stated above, at 4-10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance:

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) J. W. Hardy M. D.
(Address) Joplin Mo