

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.

DEC 18 1935

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

Do not use this space.

35609

1. PLACE OF DEATH

County Waller
Township Wilson
City Longview (No. _____)

Registration District No. 247
Primary Registration District No. 5343

File No. _____
Registered No. 17 St. _____ Ward _____

2. FULL NAME F. E. 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 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 Mary J. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1870

7. AGE YEARS 65 MONTHS 8 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. Employer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shell Pipe
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) Illinois

MOTHER FATHER 13. NAME Jesse Smith

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

15. MAIDEN NAME Jesse Anderson

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

17. INFORMANT Mary J. Smith (ADDRESS) Longview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE Nov. 17, 1935

19. UNDERTAKER L. B. Green (ADDRESS) Buffalo Mo

20. FILED 12-10-1935 W. H. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to Nov 15, 1935
I last saw him alive on Nov 13, 1935 Death is said to have occurred on the date stated above, at 6 P. m.

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

Arterio Sclerosis

Date of onset unknown

Other contributory causes of importance:

Coronary Occlusion

Nov 1 1935

Name of operation none Date of _____
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L, 1935

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 L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Continuous walking with load
(Signed) E. P. Penninger, M. D.

(Address) Buffalo Mo

