

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

Do not use this space.

JAN 13 1936

38130

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **5126**, **WATERMAN**)

File No. **10181**
 Registered No. **10181**
 St. Ward)

2. FULL NAME **JAMES HERBERT SMITH**

(a) Residence, No. **7033 GLENWOOD** St. **W.P.** Ward. **CHICAGO ILL.**
 (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 **ALMA CONRAD SMITH**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 11 1878**

7. AGE YEARS **57** MONTHS **6** DAYS **18** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **MANAGER**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **APARTMENT**
 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) **CANADA**

13. NAME **FRED A SMITH**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MICHIGAN**

15. MAIDEN NAME **MARGARET ROBINSON**

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

17. INFORMANT (ADDRESS) **Mrs. W. S. Kingie**
5126 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE **WATERLOO, ONTARIO CANADA** DATE **NOV 30 1935**

19. UNDERTAKER (ADDRESS) **LARRY MULLEN UND CO.**
5165 DELMAR BLVD

20. FILED **DEC - 3 - 19** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 29 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 14 1935**, to **Nov 29 1935**

I last saw him alive on **Nov 29 1935**. Death is said to have occurred on the date stated above, at **11:20 P.M.**

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

Carcinoma of Oesophagus Date of onset **Feb 1935**

Other contributory causes of importance:

Name of operation **Gastrostomy** Date of **June 1935**
 What test confirmed diagnosis? **Lat. x-rays** 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 of injury in any way related to occupation of deceased? If so, specify **Yes**

(Signed) **Dr. R. F. Gerald**, M. D.
 (Address) **6677 Delmas University City 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.

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