

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 20 1935

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

Do not use this space.

42134

1. PLACE OF DEATH

County Scotland Registration District No. 811
Township Sandhill Mo Primary Registration District No. 6039
City (No.) St. Ward

2. FULL NAME

Thomas P. Smith

(a) Residence, No. on farm, near Sandhill Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman

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) Scotland Co Mo

13. NAME Allen L Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

15. MAIDEN NAME Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

17. INFORMANT Beuna Smith (ADDRESS) Rutledge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandhill DATE 12/4/35 Mo

19. UNDERTAKER Menager & Bailey (ADDRESS) Rutledge Mo

20. FILED DEC 3 1935 Mo A. R. Moore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 2 1935

I last saw h. m. alive on Dec 2 1935. Death is said to have occurred on the date stated above, at m.

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

Myocardial Failure
Inanition & Exposure

Other contributory causes of importance:
Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

28. 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) Wm H Brown D.O.
(Address) Rutledge Mo

