FEB 13 1936

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

Do not use this space.

127

File No. 1

Registered No. 1

1. PLACE OF DEATH

County: Barton — Registration District No. 1004

Township: Richland — Primary Registration District No. 5049

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charles Egdar 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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	6	22	

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa County Iowa.

FATHER

13. NAME Avery Porter Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Sara Ashford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Ohio.

17. INFORMANT (ADDRESS) Mrs. Chas. E. Smith. Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Cem DATE Jan 26th 1936

19. UNDERTAKER (ADDRESS) C. F. Konantz. Lamar, Missouri

20. FILED 1-25th 1936 Thelma Oakwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1935, to Jan. 18, 1936

I last saw him alive on Jan. 18, 1936. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

	Date of onset
Chronic Myocarditis	8 yrs
Acute Cardiac Dilatation	
& Pulmonary Edema	Jan 18-36

Other contributory causes of importance:
Arterial Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Irvin T. Bickel, M. D.

(Address) Lamar, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.