

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.

FEB 19 1936

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

Do not use this space.

1107

1. PLACE OF DEATH
 County Howell Registration District No. 385
 Township _____ Primary Registration District No. 4228
 City Willow Springs, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Gochry Smith
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17-1857</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>7</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Albany, Kentucky, Mo</u>				
FATHER	13. NAME _____			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howell Co., Mo</u>			
	15. MAIDEN NAME <u>Miss Snodgrass</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	17. INFORMANT (ADDRESS) <u>Homer D. Smith, Willow Springs, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Jan. 22, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>T. R. Burns & Son, Willow Springs, Mo.</u>				
20. FILED <u>Jan. 27, 1936</u> <u>J. B. Lewis</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 8, 1936, to Jan. 21, 1936
 I last saw him alive on Jan. 21, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1928

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Physical findings 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) J. B. Lewis, M. D.
 (Address) Willow Springs, Mo.

