

MAR 12 1936

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

Do not use this space.

791

7794

## 1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5224 Cabanne Ave) St. .... Ward.....  
Registered No. 1458

2. FULL NAME Millard Watts Smith Jr.  
(a) Residence, No. 5224 Cabanne St., 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1934</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>10</u>
	DAYS <u>3</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>at home</u>	11. Total time (years) spent in this occupation.....
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Millard Watts Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hoffman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elizabethtown, N.J.</u>	
17. INFORMANT (ADDRESS) <u>R.S. Hawes 4943 Maryland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Feb 10 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wagoner Hud Co. 3676 Clivish St. Credek</u>		
20. FILED <u>FRB -9 1936</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1935, to 2-8 1936  
I last saw h. alive on Jan 23 1936 Death is said to have occurred on the date stated above, at 8 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypertension  
Left  
Left Nephrectomy  
Left  
Left

Date of onset Feb 6 1935

Other contributory causes of importance:  
The testes of Hypertension  
Left

Name of operation Left Nephrectomy Date of 2/14/36  
What test confirmed diagnosis? Section 9 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?  
If so, specify.....  
(Signed) ATC M. D.  
(Address) 3720 Washington St. St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 22 1942