

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

Do not use this space.

APR 16 1936

9608

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 16 Primary Registration District No. 3009
 City CAPE GIRARDEAU (No. 535 Morgan Oak) St. _____ Ward _____

File No. _____
 Registered No. 90
 St. _____ Ward _____

2. FULL NAME

Frank Smith
 (a) Residence, No. 580 Morgan Oak St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Sanford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-6-1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 8 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Drayman
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-16 1936
 22. I HEREBY CERTIFY, That I attended deceased from 3/16 1936 to 3/16 1936
 I last saw him alive on 3/16 1936 Death is said to have occurred on the date stated above, at 7:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 3/16/36

Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 13. NAME Rev Mosas Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 15. MAIDEN NAME Patsy Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 17. INFORMANT Two Frank Smith (ADDRESS) Cape Girardeau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shirmont Cent DATE March-19 1936
 19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau Mo
 20. FILED 3-16-36 J.M. Thompson Registrar.

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

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) George J. Jackson M. D.
 (Address) Cape Girardeau 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.

