

APR 16 1936

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

Do not use this space.

9669

1. PLACE OF DEATH

County Cass Registration District No. 152
Township Cambranch Primary Registration District No. 5216
City (No.) St. Ward

File No. _____

Registered No. 3

2. FULL NAME

Thomas J. Smith

(a) Residence, No. Garden City No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1860
7. AGE YEARS 75 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.
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) Ky.

FATHER 13. NAME James K. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Katie M. Carr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs T. J. Smith (ADDRESS) Garden City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE G.C. Emtery DATE Mar. 22, 1936

19. UNDERTAKER J.M. Kauffman (ADDRESS) Garden City, Mo.

20. FILED 3-23 1936 Mrs Effie Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 7:00 - 1:00 1935 to Mar 20, 1936

I last saw him alive on Mar 20, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

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

Myocardial
9371
Other contributory causes of importance:
Coronary Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Qualitative Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury X, 1936

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury V
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify _____ (Signed) Frank B. Ellis, M. D.

(Address) Golden City

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

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.

