

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.

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

Do not use this space.

APR 17 1936

Dr. Francis
10222

1. PLACE OF DEATH

County Greene Registration District No. 318
Township 1 N 14 W Primary Registration District No. 2001
City Springfield, Mo. St. John's Hospital St. _____ Ward _____

File No. _____
Registered No. 284

2. FULL NAME

(a) Residence, No. 215 W. Shuttlewood 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 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 Deloris Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2-1900
7. AGE YEARS 35 MONTHS 9 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. miner
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) Greene Co., Mo.

13. NAME T. J. Smith

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

15. MAIDEN NAME D. Fuchner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

17. INFORMANT Mrs. Deloris Smith
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 3/29 1936

19. UNDERTAKER Charles Schmeier
(ADDRESS) _____

20. FILED 3-2/8 1936 Regina W. Gaudin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Mar. 26, 1936
I last saw h. alive on Mar. 20, 1936. Death is said to have occurred on the date stated above, at 4159 _____
The principal cause of death and related causes of importance were as follows:

Myocarditis - Atrophic
930
Scleroderma
Date of onset 1936

Other contributory causes of importance: _____

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

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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Francis B. Camp, M. D.
_____ (Address) Springfield, Mo.

