

MAY 20 1936

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

Do not use this space.

14770

1. PLACE OF DEATH

County Genesee
Township Franklin
City Long City

Registration District No. 312
Primary Registration District No. 54317

File No. _____
Registered No. 11
St. _____ Ward) _____

2. FULL NAME

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

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</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>Walter Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1865</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>8</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>housewife</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>Ky.</u>

FATHER	13. NAME <u>Richard H. Effie</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

MOTHER	15. MAIDEN NAME <u>M. E. Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

17. INFORMANT (ADDRESS) <u>Dr. J. H. Harkins</u>
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18. BURIAL, CREMATION, OR REMOVAL
PLACE <u>Galathea</u> DATE <u>4-16</u>

19. UNDERTAKER (ADDRESS) <u>W. J. Grogan</u>
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20. FILED <u>4-18</u> <u>34</u> <u>Ronald J. Barty</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Apr. 15, 1936
I last saw him alive on Apr. 15, 1936. Death is said

to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

acute gallbladder trouble with heart failure.

Date of onset 4/12-36

Other contributory causes of importance:
Senile, dilated heart with mitral insufficiency, 15 years.

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Mark R. Rhoads, M. D.
(Address) King City, Mo.

Registrar

