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

JUN 16 1936

Do not use this space.

18610

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 695

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Mark S. Smith

(a) Residence, No. 425 Blake 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mima E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	45	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abilene Kansas

FATHER

13. NAME Oliver Newton Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Co. Penn.

MOTHER

15. MAIDEN NAME Mary Keeze

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLean Co. Illinois

17. INFORMANT (ADDRESS) W. A. Smith 312 E. Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE May 14, 1936

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED May 14 1936 H J Nesenson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1936, to 5-, 19

I last saw him alive on 5-13, 1936. Death is said to have occurred on the date stated above, at ...m.

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

	Date of onset
Gas Bacillus Infection	5/6/36

Other contributory causes of importance: Infected Compound Fracture 4/27/36

Name of operation Amputation of leg Date of 5-10-36

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/27/36

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

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

Manner of injury auto skidded into ditch

Nature of injury Compound fracture at leg

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

If so, specify

(Signed) C S Branson M. D.

(Address) 620 Francis St

SEP 25 1945

FEB 16 1945