

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.

AUG 24 1936

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

Do not use this space.

26558

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1002
City Wrensburg (No. 72 C Gen Hosp) St. Ward

File No. 3228
Registered No. 3228
St. Ward

2. FULL NAME

(a) Residence, No. 3006 E. 102d St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ill

13. NAME Samuel Smith

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

15. MAIDEN NAME unknown

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

17. INFORMANT Debra Clark
(ADDRESS) 72 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7-23/36

19. UNDERTAKER Mrs. E. L. Taylor
(ADDRESS) 118 Birchland, Arnold

20. FILED July 21 1936 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1936 to 7-11, 1936

I last saw her alive on 7-11, 1936 Death is said to have occurred on the date stated above, at 2:17 am

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

Bronchopneumonia Date of onset

Other contributory causes of importance: 1042

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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?
If so, specify

(Signed) J. J. James M. D.
(Address) 72 C Gen Hosp

