MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH
137 County Warren — Registration District No. 881 — File No. 9253
Township Pinckney — Primary Registration District No. 6173 — Registered No. 10
City Warrenton R.R. (No. ..... St. ..... Ward)

2. FULL NAME James Smith.
(a) Residence, 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 74 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 — Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1858
7. AGE 78 YEARS — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Mo

FATHER
13. NAME Lloyd Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Sara Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Dalton Smith Pendleton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cemetery DATE 12-12 1937
19. UNDERTAKER (ADDRESS) F. H. Mische Warrenton Mo.
20. FILED Feb. 12 1937 A. W. Ebeling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to Jan 27, 1937
I last saw him alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Chronic hemmorhagic glomerulonephritis
131
Date of onset
Other contributory causes of importance:
Essential hypertension
Myocarditis
Name of operation none 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? no
If so, specify
(Signed) Paul J. Schrader, M. D.
(Address) 312 Market St Hermann, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD