

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County DunklinRegistration District No. 2845⁰³Township FreebornPrimary Registration District No. 4168

City..... (No.....)

St..... Ward.....

File No. 11770Registered No. 42. FULL NAME Thomas Miles Smithson

(a) Residence, No..... St..... 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)

Widowed

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

Unknown

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

12/4/1862

7. AGE

7

YEARS

74

MONTHS

4

DAYS

18

IF LESS than 1 day, hrs. or min.

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)

June 1930

11. Total time (years) spent in this occupation.....

40

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

Stoddard Co. Mo.

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

Charlie Wilson

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE CanionDATE March 23, 1937

19. UNDERTAKER

(ADDRESS)

J. C. Foster - mo

20. FILED

3/23, 1937J. B. Steinhilber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 193722. I HEREBY CERTIFY, That I attended deceased from 12-18, 1936, to 3-22, 1937I last saw him alive on 3-10, 1937. Death is saidto have occurred on the date stated above, at 8 P. M.

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

Gastric Carcinoma

Date of onset

2

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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. B. Steinhilber

, M. D.

(Address) Clarkton, 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 PRINTING WITH LEADING INK—THIS IS A PERMANENT RECORD

