MAY 21 1937

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

Do not use this space.

File No. 16637

Registered No.

1. PLACE OF DEATH
4 County Jasper
2 Township
7 City Carthage (No. , St. Ward)

Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME James Arthur Smith
(a) Residence, No. 902 West Chestnut St., 3rd 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	54	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Springdale, Arkansas

FATHER
13. NAME A. J. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Sarah Hendrickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Clinton Smith Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren, Ark DATE Apr. 26 1937

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Mo.

20. FILED Apr. 26, 1937 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to April 24, 1937
I last saw him alive on April 23, 1937. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA, COECAL	?

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Other contributory causes of importance:
Metastasis to liver, brain

Name of operation Date of
What test confirmed diagnosis? X-ray 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? No.
If so, specify
(Signed) Charles L Hoagland, M. D.
(Address) Center Bldg., Carthage, Mo.