

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 1/6 County Cape Girardeau Registration District No. 124
 Township Cape Primary Registration District No. 5179
 City (No. 1) St. 1 Ward

2. FULL NAME John M. Smith
 (a) Residence, No. 1 St. 1 Ward 1
 (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.

File No. 10659
 Registered No. 21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 3 26

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) Jan. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jackson Mo

13. NAME William Smith

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

15. MAIDEN NAME Elizabetta Potts

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

17. INFORMANT (ADDRESS) Mrs. U. N. Caldwell Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 5-27-37

19. UNDERTAKER (ADDRESS) C. G. Craft - Malden - Mo

20. FILED 5-22-37 D. G. Leburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to May 20, 1937

I last saw he alive on May 20, 1937. Death is said to have occurred on the date stated above, at 1:55 P.M.

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

Coronary Disease - Angina pectoris

Other contributory causes of importance: A 40

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? No.

If so, specify _____ (Signed) B. H. Hays M. D.

(Address) Jackson, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

