JUL 27 1937

31

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

Do not use this space.

1. PLACE OF DEATH
County Dallas
Township Washington
City ..... (No. ..... St. ..... Ward)

Registration District No. 249
Primary Registration District No. 5347

File No. 23569
Registered No. .....

2. FULL NAME John M. Smith

(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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 - 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	1	8	

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) Jan. 1 - 37
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

FATHER
13. NAME William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Penn.

MOTHER
15. MAIDEN NAME Mary E. Rowland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Maryland

17. INFORMANT Mrs Mila Smith
(ADDRESS) Gilman City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springs Cem. DATE June 2 - 1937

19. UNDERTAKER W. D. Hines
(ADDRESS) Gilman City, Mo.

20. FILED June 6, 1937 Mrs. A. A. Cunningham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1936, to May 31, 1937.
I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease of several years duration	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical only 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) O. H. Cullers, M. D.
(Address) Trenton, 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

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