JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Saline — Registration District No.: 796 — File No.: 24967

Township: Marshall — Primary Registration District No.: 3038 — Registered No.: 110

City: Marshall, Mo. No.: 2 St. Ward)

2. FULL NAME Rao Smiley

(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 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced Allie Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1885

7. AGE: YEARS 52 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Marshall, Mo.

FATHER

13. NAME: Sam Smiley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

MOTHER

15. MAIDEN NAME: Jane Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Ed Smiley, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview Cem. DATE: June 21, 1937

19. UNDERTAKER (ADDRESS): Reuben Boffin, Marshall, Mo.

20. FILED: 6-21, 1937 Mary Kent, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/17, 1937

22. I HEREBY CERTIFY That I attended deceased from March 13, 1937, to June 17, 1937
I last saw him alive on June 17, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
On Myocarditis & decompensation	?

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) Marshall, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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