AUG - 5 1937

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

Do not use this space.

25404

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1111 Forest Avenue St. ..... Ward)

File No. .....

Registered No. 6578

2. FULL NAME JAMES T. SMITH,

(a) Residence, No. 1111 Forest Avenue St., 4 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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1884

7. AGE 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buxton & Skinner

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) Hoschton, Ga.

FATHER

13. NAME G. Marion Smith

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

MOTHER

15. MAIDEN NAME Lela Bennett

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

17. INFORMANT (ADDRESS) Mrs. Catherine Smith 1111 Forest Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City, Mo. DATE July 9, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED 8 1937 19 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAR 17, 1937, to JULY, 6, 1937

I last saw him IM alive on JULY, 6, 1937 Death is said to have occurred on the date stated above, at 4:35 p. m.

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

	Date of onset
TUBERCULOSIS OF LARYNX	JAN. TST 1937

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Other contributory causes of importance: NONE

Name of operation NONE 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? NO 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 NONE

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Van Hoefen, M. D.

(Address) 8313 HALLS FERRY RD. CITY

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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