

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No. 31922
Registered No. 144
St. Ward)

2. FULL NAME

Robert H. Smith

(a) Residence, No. 515 No. Allen St. 3 Ward.

(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 Sally Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1867

7. AGE YEARS 70 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) Slater (STATE OR COUNTRY) Missouri

13. NAME Hubert Smith

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rodger Smith (ADDRESS) 4505 S. Indiana, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE Aug 22 1937

19. UNDERTAKER Shant-McCrary (ADDRESS) Marshall, Mo.

20. FILED 8-21 1937 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to Aug 19 1937

I last saw him alive on Aug 19 1937 Death is said

to have occurred on the date stated above, at his home

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

Chronic Inflammation of the Heart (Date of onset Jan 37)

Chronic Endocarditis (Date of onset Apr 37)

Other contributory causes of importance: From heart

Acute Influenza (Date of onset Apr 36)

Name of operation None Date of None

What test confirmed diagnosis? Chy. test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19...

Where did injury occur? None

(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 None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify The E. Logwood

(Signed) Mary Kent, M. D.

(Address) Slater 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.

