

DEC 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42142

1. PLACE OF DEATH

County Pettis
 Township Smithton
 City Smithton (No.)

Registration District No. 669
 Primary Registration District No. HH01

File No.
 Registered No. 6
 St. Ward)

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

Rachel James

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

July 10 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
58 4 19

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

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)

Morgan Co. Ohio

13. NAME

Jonathan Tavenner

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

Virginia

15. MAIDEN NAME

Kipiah Morris

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. J. H. Holden Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton DATE 12-1-37

19. UNDERTAKER (ADDRESS)

A. F. Manning Smithton Mo

20. FILED 11-30 19 37 Mrs. J. L. Thomas Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15-37 19 to 11-29-37 19

I last saw him alive on 11-27-37 19. Death is said

to have occurred on the date stated above, at 8:00 m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Symptoms Date of No

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)

(Address)

M. D.

