REC'D JUN 14 1938

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

Do not use this space.

File No. 17628

Registered No.

1. PLACE OF DEATH
County: Bates
Township: Homer
City: Amoret (No. , St. Ward)

Registration District No. 48
Primary Registration District No. 4028

2. FULL NAME: Thomas H. Smiser 521

(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: 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: Maggie E. Smiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14, 1855

7. AGE: Years 82 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cynthiana Ky.

FATHER
13. NAME: D. L. Smiser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk Ky.

MOTHER
15. MAIDEN NAME: Sarah Jane Howe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk Ky

17. INFORMANT (ADDRESS): E. A. Smiser Amsterdam, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Butler Mo DATE: 5-19-38

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam Mo

20. FILED 5-20, 1938 Mu Carl Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to May 17, 1938
I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 1:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation: 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? 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?
If so, specify
(Signed) J. M. Smith, M. D.
(Address) Amoret Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.