

REC'D AUG 26 1938

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

Do not use this space.

File No. 26344
Registered No. 107

1. PLACE OF DEATH
County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME Alfred G. Smith 570
(a) Residence, No. 1321 Madison St. _____ Ward _____
(Usual place of abode) (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

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 UNKNOWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 4 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Arch. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe
10. Date deceased last worked at this occupation (month and year) July 6, 1938 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shouhegin Maine

FATHER
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Matthew Hayes
(ADDRESS) St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BINGHAM ME DATE July 11, 1938

19. UNDERTAKER Campingham & Muehlem
(ADDRESS) 424 Jefferson St. St. Charles Mo.

20. FILED 7/10/38 19 Clarence S. Kessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

22. I HEREBY CERTIFY That I attended deceased from June 15, 1938 to July 10, 1938
I last saw him alive on July 9, 1938 Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilation Date of onset _____
Arthma, Chr. Myocarditis

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. J. Jantner M.D.
(Address) 705 Oak St. Charles 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.

