

REC'D AUG 26 1938

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

26412  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Francois Registration District No. 3  
(b) Township St. Francois Primary Registration District No. 773  
(c) City Near Farmington (d) Street No. State Hospital No 4 Farmington Registered No. 87  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John B. Smith 530  
(a) Residence, No. Patton, Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
80 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as 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) Patton Missouri 0

13. NAME George W. Smith 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Missouri 0

15. MAIDEN NAME Isabell Bess

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

17. INFORMANT (ADDRESS) State Hospital No. 4 Records Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton, Mo. DATE July 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Robt. Funeral Home Laticsville, Mo. J. J. Gibson

20. FILED July 10, 1938 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 19 38

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1938, to 7-10-38, 1938

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:30 Am.

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

Generalized arteriosclerosis (with terminal Bronchopneumonia)  
Advanced mental senile deterioration  
Date of onset 1870s

Other contributory causes of importance: Advanced mental senile deterioration

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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? If so, specify .....  
(Signed) P. J. Teller M. D.  
State Hosp. # 4 of Farmington, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, J. E. Graham, Licensed Embalmer No. 4010

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**