

REC'D AUG 9 1938

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

Do not use this space.

1. PLACE OF DEATHCounty WrightRegistration District No. 907Township Plum ValleyPrimary Registration District No. 4548City Manassett (No. 1)

St. _____ Ward _____

2. FULL NAME Alexander L. Smittle

(a) Residence, No. _____

St. _____

Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 11 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

26797

File No. _____

Registered No. 19**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**M**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Hallie Smittle**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**June 7 18 65**7. AGE**

YEARS

73

MONTHS

1

DAYS

11

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**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)**Wright Co. Mo**13. NAME**Joseph Smittle**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ohio**15. MAIDEN NAME**Salina Paul**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Unknown**17. INFORMANT (ADDRESS)**Mrs. Hallie Smittle
Manassett, Mo**18. BURIAL, CREMATION, OR REMOVAL**PLACE Cuba Cemetery DATE July 19 38**19. UNDERTAKER (ADDRESS)**Gene E. Hadden
Manassett, Mo**20. FILED**7-22 19-38J. W. D. Short
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**July 18 1938**22. I HEREBY CERTIFY, That I attended deceased from**June 6 1938 to July 18 1938I last saw him alive on July 17 1938 Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Cerebral Apoplexy.

Date of onset

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? _____

If so, specify _____

(Signed) W. J. Cunningham M. D.g.p.s. (Address) Manassett 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.

