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

REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Shannon
Township Casco
City ..... (No. ..... St. ..... Ward)

101

Registration District No. 1077
Primary Registration District No. 6083

File No. 30129
Registered No. 23

2. FULL NAME Robert Newton Smith 530

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 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 Fannie Jane Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4 - 1866

7. AGE YEARS 72 MONTHS – DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) unknown South Carolina

FATHER
13. NAME Eben Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Died when very young)

17. INFORMANT (ADDRESS) Mrs. Robert Smith Wife Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Summersville DATE Aug 31 1938

19. UNDERTAKER (ADDRESS) R. W. Day Mo neighbor Summersville Mo.

20. FILED 8/30/1938 J B McDaniels M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30/1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on after Dist, 1938 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Appoplexy

8241

Other contributory causes of importance:

High Blood Pressure

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 B McDaniels, M. D.
(Address) Summersville Mo.

848