

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.

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

Do not use this space.

RECD NOV 21 1938

35672

1. PLACE OF DEATH

County *Leonty*
Township *Jackson*
City *580 Corbly*

Registration District No. *312*

Primary Registration District No. *54317*

File No. *18*

Registered No. *18*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Leonty Co. Missouri*

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *58* yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>whit</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-11-1857</i>		
7. AGE <i>80</i>	YEARS <i>10</i>	MONTHS <i>21</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Farmer</i>
	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) <i>2-8-1905</i>
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) *Franklin County*
(STATE OR COUNTRY) *Indiana*

13. NAME *Moses Smith*

14. BIRTHPLACE (CITY OR TOWN) *Indiana*
(STATE OR COUNTRY)

15. MAIDEN NAME *Lydia Ann Puffin*

16. BIRTHPLACE (CITY OR TOWN) *Indiana*
(STATE OR COUNTRY)

17. INFORMANT *Anna Hackett*
(ADDRESS) *Sanberry Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Mcken Cemetery* DATE *10-4* 1938

19. UNDERTAKER *J. E. Johnson*
(ADDRESS) *Sanberry Mo.*

20. FILED *AP-3* 1938 *Nov 21 1938*
Registrar *J. E. Johnson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 2* 1938

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 23* 1938, to *Oct 3* 1938

I last saw him alive on *Sept 23* 1938 Death is said

to have occurred on the date stated above, at *125 A. m.*

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

Arterio sclerosis
Hypertension
Chronic Interstitial
Nephritis

Other contributory causes of importance:

Date of onset

131

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 _____ 1938

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. E. Johnson* M. D.

(Address) *Sanberry Mo.*

