

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.

NOV 23 1938

36033

1. PLACE OF DEATH

County Jasper
Township Missouri
City Abex Capital (No. _____) St. _____ Ward _____

Registration District No. 413
Primary Registration District No. 5559C

File No. 59
Registered No. _____

2. FULL NAME 530 Rice St. Smith

(a) Residence, No. 530 Rice St. Ward. Randolph Co.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 27-1873</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	<u>11</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Missouri (STATE OR COUNTRY) D

13. NAME James G. Smith

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) I

15. MAIDEN NAME Mary Ann Hood

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) I

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE 10/17 1938

19. UNDERTAKER (ADDRESS) West City Undertaking Co West City, Mo

20. FILED Nov 20 1938 Harry G. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 17, 1938. I last saw him alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance: 27

Name of operation None Date of _____

What test confirmed diagnosis? Ro. opp. 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) Jose B. Douglas, M. D.

(Address) West City

