DEC'D APR 24 1939

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

9906
Do not use this space.

1. PLACE OF DEATH
(a) County Salt River 2 Registration District No. 26
(b) Township Audrain 1 Primary Registration District No. 3002 Registered No. 30
(c) City Mexico 1 (d) Street No. 421 E. Jackson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

00 04 2

530

2. PRINT FULL NAME Austin B. Smith
(a) Residence, No. 421 E. Jackson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16, 1857

7. AGE: YEARS 81 | MONTHS 7 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Salesman
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): Audrain County, Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Mo

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Stella Smith, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Mar. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. Arnold Jr., Mexico, Mo.

20. FILED Mar 1, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to March 1st, 1939
I last saw him alive on Mch 1st, 1939. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic general arthritis of many years standing

Date of onset

Other contributory causes of importance: Arteriosclerosis

57a

Name of operation no 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? no
If so, specify
(Signed) M. R. Rodes, M. D.
(Address) Mexico, Mo.

22

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-545
Date Filed APR 20 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Cruz Arnold Jr., or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Cruz Arnold Jr.

Licensed Embalmer No. 3564

P. O. Address Mexico, Mo.

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.)

If this body is not embalmed, above space should be left blank.