WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X9314

V

DEC'D MAY 18 1939

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

Do not use this space.

File No. 14089

Registered No. 94

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township 1 — Primary Registration District No. 3001

City Kirksville (No. ..., ... St. ..... Ward)

2. FULL NAME 530 George Wall Smith

(a) Residence, No. 301 E. Jefferson 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Dodson Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
93	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Mo. 0

FATHER

13. NAME John B. Smith 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany 1

MOTHER

15. MAIDEN NAME Ann Burgundy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berne Switzerland

17. INFORMANT (ADDRESS) Georgia Smith Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Llewellyn DATE 4/10/39 19

19. UNDERTAKER (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED April 12, 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to April 8, 1939

I last saw him alive on April 8, 1939. Death is said to have occurred on the date stated above, at 2.30 a.m. 9 pm

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

Cancer of Stomach

Date of onset

46

Other contributory causes of importance:

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) F. B. Farrington, M. D.

(Address) Kirksville Mo

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RECEIVED
District Health Officer No. 10
District File Number 10-39-787
Date Filed MAY 16 1939