

RECD MAY 24 1939

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

16358

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 863
 (b) Township Piney Primary Registration District No. 6137
 (c) City Houston (d) Street No. _____ Registered No. 11
 (e) Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. _____ mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

(a) Residence, No. 520. Ira Smith Kansas City Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sadie Lay Smith
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pullman Conductor
 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) Jan 1937 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo
 FATHER 13. NAME A. D. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Mary Robert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 17. INFORMANT (ADDRESS) Kirby Smith Houston Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Coffeyville DATE May 5 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kayford V. Elliott Houston Mo
 20. FILED May 3 1939 Mabel Shacklett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 3 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to MAY 3 1939
 I last saw him alive on MAY 1 1939 Death is said to have occurred on the date stated above, at 4:00 Am.
 The principal cause of death and related causes of importance were as follows:
CORONARY THROMBOSIS Date of onset 5-3-39
CARDIO-RENAL-VASCULAR DISEASE WITH HYPERTENSION
 Other contributory causes of importance: 121
 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) H. M. Dillman, M. D.
 (Address) Houston Mo.

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.

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, _____, or by _____

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

Signed _____

Licensed Embalmer No. 22572

P. O. Address Cabot, MD

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.