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

32983
Do not use this space.

SEP 13 1939

1. PLACE OF DEATH
(a) County Mercer 2 Registration District No. 556
(b) Township Morgan Primary Registration District No. 4378 Registered No. 47
(c) City Princeton 1 (d) Street No. ..... 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.

2. PRINT FULL NAME 530 Sherman Smith
(a) Residence, No. ..... St. ☐ .....
(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: 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: Drilla Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 13, 1865

7. AGE: YEARS 74 | MONTHS 6 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
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): Ind. 1

FATHER
13. NAME: John C. Smith 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

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

17. INFORMANT (ADDRESS): Loyd Smith, Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Princeton Cem DATE: Sept. 28, 1939

19. FUNERAL DIRECTOR (ADDRESS): Noel Moss, Princeton Mo.

20. FILED: 9/27, 1939 J M Perry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Sept 26, 1939
I last saw him alive on Sept 26, 1939. Death is said to have occurred on the date stated above, at 4 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	2/1-39
Other contributory causes of importance: General Dropsy	5/15-39

Name of operation: NO Date of .....
What test confirmed diagnosis? Phys 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) J M Perry, M. D.
(Address) Princeton Mo 9/27-39

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 11
District File No. 1939-1238
OCT 4 1939

STATEMENT BY LICENSED EMBALMER

I, D. F. Oliphant, Licensed Embalmer No. 3614

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed D. F. Oliphant

Licensed Embalmer No. 3614

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.)