

1939 DEC 15

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 316
Township 1 Primary Registration District No. 4-191
City Ash Grove (No. 530)

File No. 39582
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R. Hatter Smith Ward _____
(Usual place of abode) Ash Grove, Mo.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Hulda Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/22/1857

7. AGE YEARS 82 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired

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

10. Date deceased last worked at this occupation (month and year) about 1929 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Co. Mo

MOTHER 13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Ann Clayton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Daisy Mason (ADDRESS) Ash Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Halloway Cemetery DATE Nov 19 - 1939

19. UNDERTAKER Troopman, Morris Seiman (ADDRESS) Ash Grove, Mo

20. FILED Nov 18 - 1939 Macdonald Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-18-1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Nov-18-39, 1939. I last saw him alive on Nov-17, 1939. Death is said

to have occurred on the date stated above, at 7:30 A.M. The principal cause of death and related causes of importance were as follows:

Nephritis chronic +
Chronic Coronary Disease
Acute Coronary Thrombosis
Date of onset 1936
11/18/39

Other contributory causes of importance: 1781

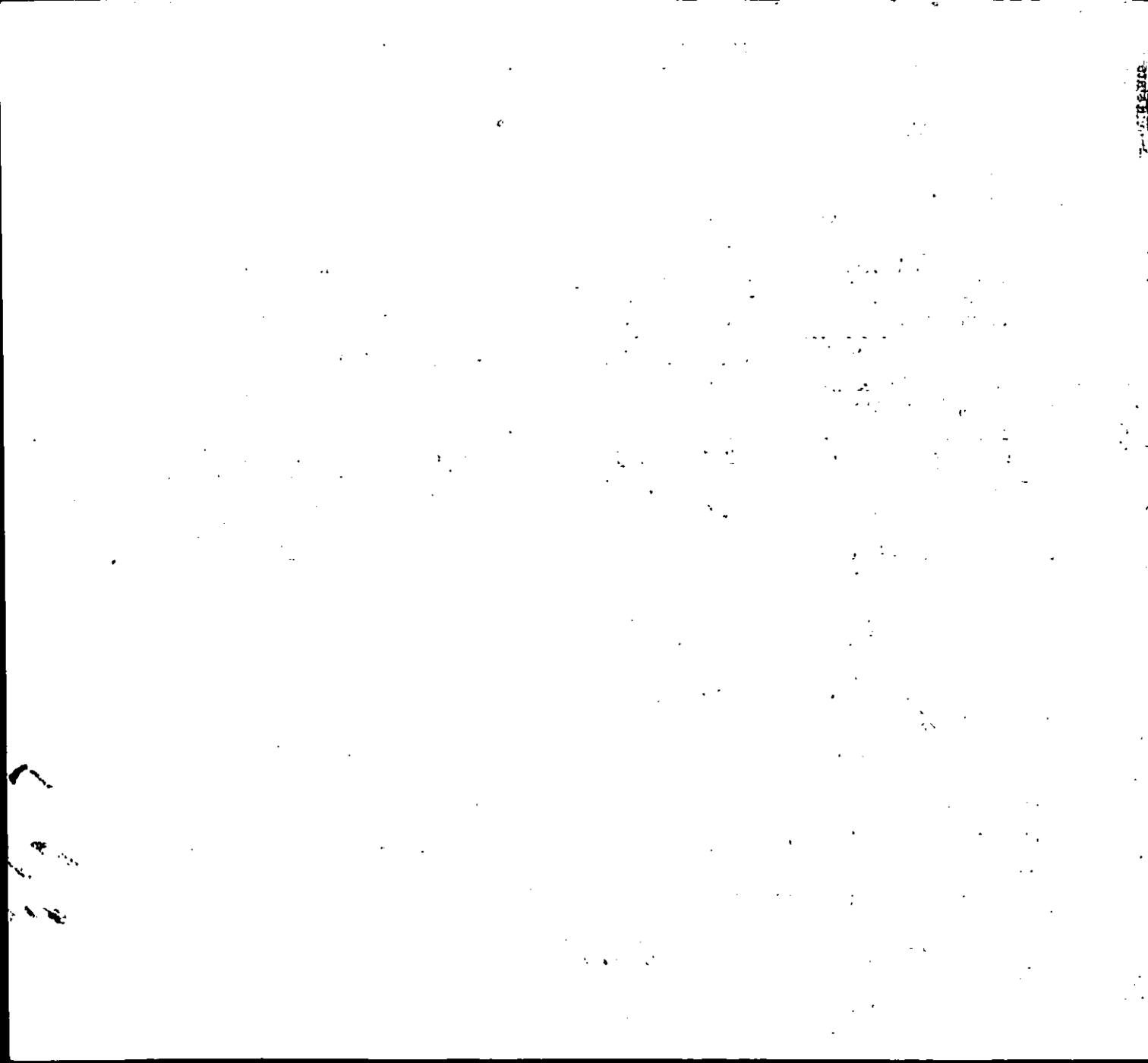
Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol Was there an autopsy? _____

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? no
If so, specify Dr. Charles H. Conroy, M. D.
(Signed) Ch. H. Conroy
(Address) Ash Grove, 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39582

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Ash Grove Primary Registration District No. 4191 Registered No.
(c) City Ash Grove (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

Russell Gather Smith
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 8 26

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-12 1940 Mrs. Leonard Jones (Local Registrar)

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) Chas W. Ors, M. D.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impt.

SUPPLEMENTARY

