

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.

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

Do not use this space.

22948

1. PLACE OF DEATH

County Scott Registration District No. 810
Township Jefferson Primary Registration District No. 6055
City (No. 330)

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Joseph Warren Smith
(a) Residence No. Scotland Co Rural
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Ella Elizabeth Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 1 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Memphis, Mo
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thos. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Jane McCalister

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT (Address) Frank W. Smith
Canton Mo 725

15. FILED June 13, 1940 E. E. Jarvis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12, 1940

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to May 11, 1940, and that I last saw him alive on May 11, 1940, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis with
Vasomotor disturbance of
feet causing gangrene of
same. (duration) 1 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 99
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. E. Symmonds M. D.
, 19 (Address) Memphis, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memphis cemetery DATE OF BURIAL 5/15 1940

20. UNDERTAKER W. P. Reynolds ADDRESS Memphis

RECEIVED

District Health Officer No. 10

District File Number 2-40-1399

Date Filed JUL 11 1940