

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.

JAN 25 1949

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42479

1. PLACE OF DEATH

County GentryRegistration District No. 309Township AlbanyPrimary Registration District No. 4185City Albany (No. 2)

File No. _____

Registered No. 49

St. _____ Ward _____

2. FULL NAME Charles Kingie Smith(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Jan 25-1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.60114

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Painter house9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.sign10. Date deceased last worked at
this occupation (month and
year)194011. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Marionville
MO.FATHER
MOTHER

13. NAME

Kingie A. Smith14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

15. MAIDEN NAME

Mollie Chilton16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sty.17. INFORMANT
(ADDRESS)Stelso Smith
Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GrandviewDATE Dec 31 194019. UNDERTAKER
(ADDRESS)A. T. Bae
Albany Mo.

20. FILED

Jan 1, 1941 W. B. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 194022. I HEREBY CERTIFY, That I attended deceased from
Dec 29th 1940, to Dec 29th 1940I last saw him alive on Dec 29th 1940. Death is saidto have occurred on the date stated above, at 1:45 P. m.

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

Coronary ThrombosisDate of onset
Dec 25th

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 _____

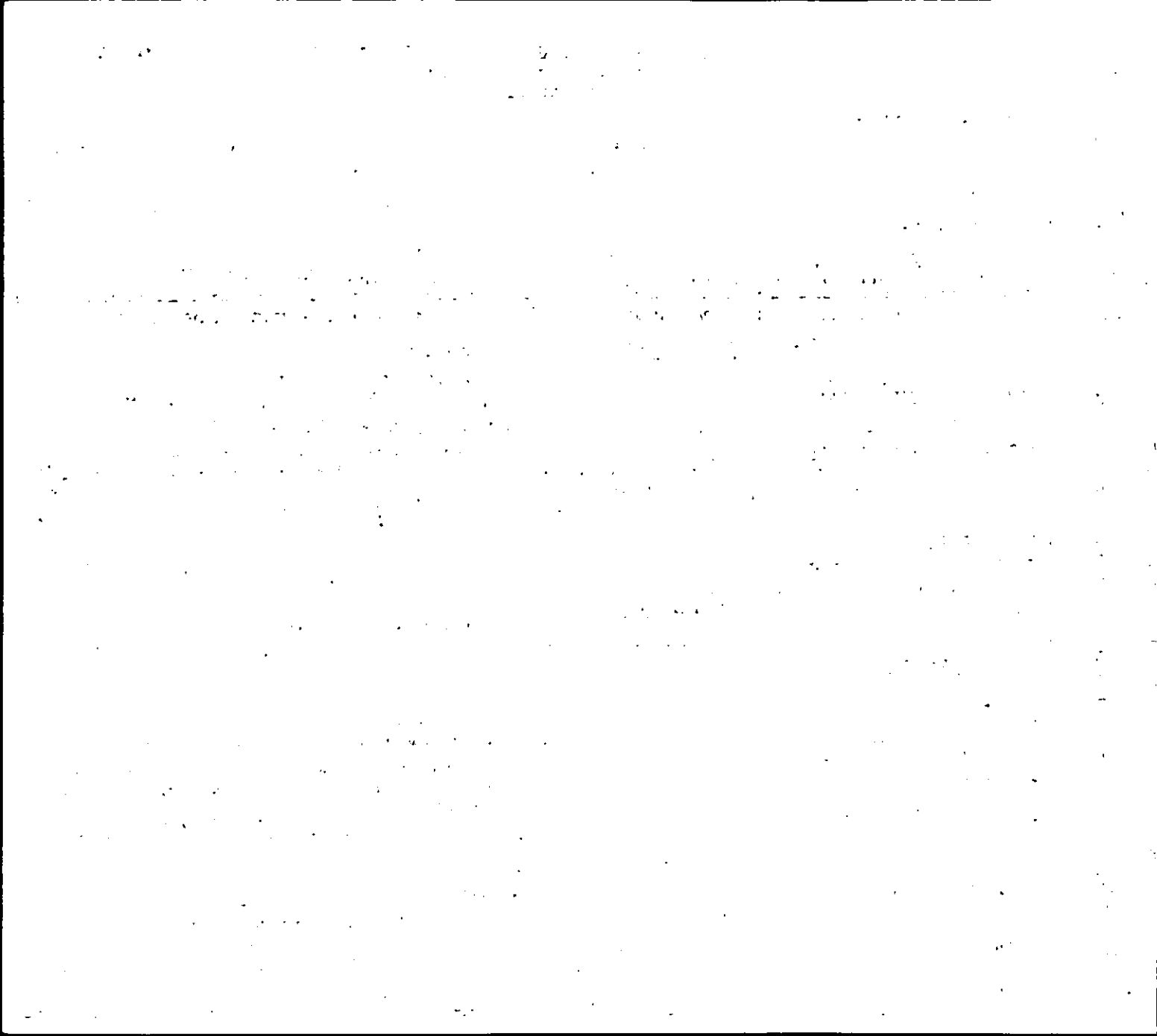
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. B. Campbell

M. D.

(Address) Albany Mo.



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42479

Registration District No. 309

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Genoa
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Charles Kinsie Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) Feb 4, 1941 (b) W. S. Campbell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Genoa
(c) City or town Albany (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH

- Month Dec day 29 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____

- Due to _____

- Other conditions _____ (Include pregnancy within 3 months of death)

- Major findings: Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. S. Campbell (M. D. or other) _____
Address Albany MO Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1917

20