

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

Do not use this space.

24616

1. PLACE OF DEATH

County Dade

Registration District No. 237

Township Greenfield

Primary Registration District No. 0323

City Greenfield (No.)

St. Ward

2. FULL NAME

Samuel Vinton Smith

(a) Residence, No. St. Ward.
(Usual place of abode)

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1872

7. AGE YEARS 58 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, 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) Dade Co Mo

FATHER 13. NAME John Wesley Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Sallie A. Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Maggie Smith (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rice DATE July 6 1931

19. UNDERTAKER Ed Ward (ADDRESS) Greenfield Mo

20. FILED 7-7 1931 E. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1931

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at

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

Made every one Date of onset

Call Chronic

Quartian Nephritis

131

Other contributory causes of importance: 131

Cardiac Vision

Name of operation Date of

What test confirmed diagnosis? albumen Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? home (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) F. G. Brown M. D.

(Address) Greenfield 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.

AUG 25 1931

Hydrobia ulvae