

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.

JUN 23 1933

2-1-233

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

Do not use this space

13891

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. 914 Reservoir)

Registration District No. 547
Primary Registration District No. 3079

File No. _____
Registered No. 129 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 914 Reservoir St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>Ruth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1st. 1900</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>4</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
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) <u>Hannibal Mo</u>		
13. NAME <u>O-T. Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesburg Ill</u>		
15. MAIDEN NAME <u>Johanna Farrell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Snuggerville Ill</u>		
17. INFORMANT (ADDRESS) <u>William Smith 914 Reservoir St - Hannibal - Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>4/12/23</u>		
19. UNDERTAKER (ADDRESS) <u>Samuel O'Connell Hannibal Mo</u>		
20. FILED <u>Apr 26, 1933</u> <u>O. E. Clausen</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to March 30, 1933
Last saw him alive on March 30, 1933 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary & Intestinal tuberculosis
Date of onset 3/10
Other contributory causes of importance Syphilis

Name of operation _____ Date of _____
What test confirmed diagnosis? Rg. & Lat. 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?
If so, specify No
(Signed) W. H. Hays, M. D.
(Address) Hannibal Mo

