APR 30 1930

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

Do not use this space.

11457

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: ..... (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. .....
Registered No. 62

2. FULL NAME: Jas. Nelson Smith
(a) Residence: No. State Hospital #0 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 2 yrs. 4 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: Agnes Mahews

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 9, 1903

7. AGE: Years 27 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS
10. NAME OF FATHER: Jas. Franklin Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wis.
12. MAIDEN NAME OF MOTHER: Delila A. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Agnes Smith
(Address): Kansas City, Mo.

15. FILED: 4/4/ 1930 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Mar. 21, 1930 that I last saw h. alive on ....., 1930, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Catatonic stupor
X4
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Manic Dep. Psychosis - Dep. type.
(duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? K.C. Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. E. O'Dell, M. D.
Mar. 21, 1930 (Address) Nevada, 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: Deerwood Cemet. DATE OF BURIAL: 3/25/ 1930

20. UNDERTAKER: Gentry Funeral Home ADDRESS: Nevada 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.