

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

Do not use this space.

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 19 1934**

**PLACE OF DEATH**

County Franklin  
Township Prarie  
City Asa Smith

Registration District No. 294  
Primary Registration District No. 1-418

File No. 39018  
Registered No. 07  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>W</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Ann Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 10 1834</u>		
7. AGE	YEARS <u>96</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Can labor</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Zephyrette Co.</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee</u> <u>North Carolina</u>		
PARENTS	10. NAME OF FATHER <u>John Smith</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT (Address) <u>W. E. Bishop</u>	15. FILED <u>12/28/30</u> REGISTRAR	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/27 1930

17. I HEREBY CERTIFY, that I attended deceased from 12/12 to 12/27 1930 that I last saw him alive on 12/12 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Organic heart disease  
Chronic Nephritis

CONTRIBUTORY (SECONDARY) Chronic Nephritis

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
Urinal  
12-15-30 (Signed) \_\_\_\_\_ M. D.  
Dr. Chan (Address) \_\_\_\_\_

\*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 <u>Prospect Cemetery</u>	DATE OF BURIAL <u>12/28 1930</u>
20. UNDERTAKER <u>Chase &amp; Co.</u>	ADDRESS <u>St. Clair</u>

