

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

Do not use this space.

39778

PLACE OF DEATH

County Carper
Township Madison
City (No. _____) _____

Registration District No. 408
Primary Registration District No. 5564

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

2. FULL NAME

Greenville V. Smith.
(a) Residence. No. Reeds R-1 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannah Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 11th 1862</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAY <u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Clay County, Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER Glass Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Edith Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Hannah Smith
(Address) Reeds R-1

15. FILED 1/1 1931 E. H. Ketchum
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 31, 1930 that I last saw alive on Dec 31, 1930, and that death occurred, on the date stated above, at 7:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Hypertension
Cerebral Hemorrhage
(duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Reeds R-1
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) Geo. H. Wood M.D.
, 19 (Address) Carthage 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 Harvey Cemetery DATE OF BURIAL 1/2 1931
20. UNDERTAKER Wagner-Drake ADDRESS Carthage

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 20 1931

Wood

