

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

Do not use this space.

2093

1. PLACE OF DEATH  
 County Marion Registration District No. 547  
 Township Mason Primary Registration District No. 3539 File No. \_\_\_\_\_  
 City Hannibal (No. St. Elizabeth Hospital) St. Bez. Ward) Registered No. 25  
 2. FULL NAME Chas Martin Smith  
 (a) Residence. No. Hurrewell mo. 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 Mary E. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 1 15

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

9. BIRTHPLACE (CITY OR TOWN) Putnam co  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER John Smith

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

12. MAIDEN NAME OF MOTHER Lucinda Smith

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

14. INFORMANT Mrs. Mary E. Smith  
 (Address) Hurrewell mo.

15. FILED 1/27 1931 Colossus  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 22, 1931, that I last saw him alive on Jan 22, 1931, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Liver and Pancreas  
4.5 (duration) 1 yrs. 0 mos. 0 ds.  
 CONTRIBUTORY (SECONDARY) Carcinoma Liver and Pancreas (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
 NOT AT PLACE OF DEATH at nurse's  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) A. L. Phares, M. D.  
 \_\_\_\_\_, 19 (Address) Hannibal 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 Senionville mo DATE OF BURIAL Jan 25 1931

20. UNDERTAKER Wm. M. Smith - Hannibal  
 ADDRESS \_\_\_\_\_

WHITE 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.

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mo.

