

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

Do not use this space.

41867

PLACE OF DEATH

County Polk Registration District No. 701
 Township Clyde Primary Registration District No. 16292
 City Near Bolivar (No. St. Ward)

File No.
 Registered No. 61

2. FULL NAME John Walter Smith
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Edo May Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1858

7. AGE 78 YEARS MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 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) Near Bolivar

FATHER 13. NAME Richard B. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Harriet Hulst
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT (ADDRESS) Lon S. Smith
Bolivar, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Polk Co DATE 12/24 1931

19. UNDERTAKER (ADDRESS) W B Ewins

20. FILED 12224 1931 W. K. Roberts Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1931 to Dec 23 1931.
 I last saw him alive on Dec 19 1931. Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Cystitis
72A
1253
 Other contributory causes of importance:
aortic stenosis

Date of onset
Nov 14
1931

1929
1931

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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
 (Signed) D E Hammonline, M. D.
 (Address) Bolivar 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.

