

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.

NOV 21 1932

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

Do not use this space.

31370

1. PLACE OF DEATH *Bates*
 County *Bates* Registration District No. *47*
 Township *Deer Creek* Primary Registration District No. *4027*
 City *Adrian* (No. _____) St. _____ Ward _____

2. FULL NAME *Alvin Jay Smith*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) *Julia V. Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23-1855*

| | | | | |
|-----------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <i>77</i> | <i>77</i> | <i>5</i> | <i>7</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lawyer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) *Amanda Ohio*

FATHER

13. NAME *John J. Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER

15. MAIDEN NAME *Melborah Blue*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known ? 1*

17. INFORMANT (ADDRESS) *A. N. Smith Adrian, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cremant Hill beam* DATE *Nov-1 1932*

19. UNDERTAKER *hereath and son* (ADDRESS) *Adrian*

20. FILED *11/1* 19*32* BY *H. W. Tuttle* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 29 29*, 19*32*, to *Oct 29*, 19*32*
 I last saw him alive on *Oct 29*, 19*32*. Death is said to have occurred on the date stated above, at *12:20 A.M.*
 The principal cause of death and related causes of importance were as follows:
Endocarditis
Subacute
9/1 A
11/13
 Date of onset *same*
months

Other contributory causes of importance:
Terminal Pulmonary
few
prevents
to death

Name of operation *None* Date of _____
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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? *No*
 If so, specify _____
 (Signed) *E. E. Robinson*, M. D.
 (Address) *Adrian, Missouri*

