

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

Do not use this space.

42825

1. PLACE OF DEATH

County Scott
Township KELSO
City (No.) St. Ward)

Registration District No. 816
Primary Registration District No. 6065

File No.
Registered No. 28

2. FULL NAME

Jacob Wesley Smith
(a) Residence No. R.F.D. # 2 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 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 (WIFE OF) <u>Jessie Mae Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 25 - 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>50</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BUCK HAHN MISSOURI</u>		
FATHER	13. NAME <u>FRANCIS MARION SMITH</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CHATANOGA TENNESSEE</u>	
	15. MAIDEN NAME <u>Jessie Mae Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NO RECORD ILLINOIS</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Mrs. J. Smith ROCK KLEW MO.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>U.P.C.E.M. CHAFFEE MO.</u> DATE <u>NOV. 4 1931</u>	
	19. UNDERTAKER (ADDRESS) <u>H.E. STUBBS CHAFFEE MO.</u>	
20. FILE NO. <u>28</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1932, to 12-2, 1932.
I last saw him alive on 11-25, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Hemiplegia
Paralytic Stroke
Head Injury 9/30/29
Hemiplegia in Sept 1931
Date of onset 12/2/32

Other contributory causes of importance:
None

Name of operation None Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. J. Smith M. D.
(Address) Chaffee Mo

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.

100
11-27-32

Registrar

