

OCT 21 1935

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

Do not use this space.

29005

1. PLACE OF DEATH

28 County Christian
Township Park
City Billings (No. _____)

Registration District No. 181
Primary Registration District No. 4107

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

2. FULL NAME

James Davis 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Helen Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 18

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

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) Missouri

13. NAME Mr. L. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Alice Hartman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Marie Burns Billings Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kochburg Mo DATE Sept 20th 1935

19. UNDERTAKER (ADDRESS) W. J. Wallace Billings Mo

20. FILED Oct 25 1935 W. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932, to Sept 18 1935

I last saw him alive on Sept 18 1935 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Heart Block
ASU
Other contributory causes of importance:
Muscular fibrillation

Name of operation _____ Date of _____
What test confirmed diagnosis? Bluish 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) Dr. R. Mitchell, M. D.
(Address) Republic Mo

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

V. S. No. 2
100M-11-24-32

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.

MARGIN RESERVED FOR BINDING

