JUN 24 1936

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

Do not use this space.

5228

1. PLACE OF DEATH

County: Dade — Registration District No.: 238

Township: Lockwood, Mo. — Primary Registration District No.: 4145 — File No.:

City: (No. St. Ward) — Registered No.:

2. FULL NAME: Richard 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: 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: Martha J. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15 - 1852

7. AGE: Years 83 — Months 5 — Days 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer

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): Ill

FATHER

13. NAME: Orphan - raised by

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logan Ill

MOTHER

15. MAIDEN NAME: never knew father or

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mother

17. INFORMANT (ADDRESS): Mrs Chappel Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kingsport Mo. DATE: Feb. 24 1936

19. UNDERTAKER (ADDRESS): Jay Caldwell Lockwood Mo

20. FILED: 3-13 1936 — J. L. Wheir, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1936 to 2-20, 1936

I last saw him alive on 2-20, 1936. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Cerebro Thrombosis — Date of onset: Dec. 1935

Arteriosclerosis

Other contributory causes of importance: 97

Name of operation: — Date of: —

What test confirmed diagnosis? — 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?

If so, specify:

(Signed) T. D. Combs, M. D.

(Address) Lockwood 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.

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