

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF MISSOURI should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

MAR 23 1936

5633

1. PLACE OF DEATH

County Howard
 Township
 City Amstony Mo (No.)

Registration District No.
 Primary Registration District No.

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 - 29

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

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) Howard Co
Missouri

13. NAME Lewis Smith

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

15. MAIDEN NAME Julia Leach

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

17. INFORMANT Mrs. Janus Smith
 (ADDRESS) Amstony Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amstony Mo DATE Feb 16 1936

19. UNDERTAKER A. H. Oldaker
 (ADDRESS) Amstony Mo

20. FILED 2/15 1936 W. M. Deason
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935, to Feb 14 1936
 I last saw him alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 7:35 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset June 1, 1935

Other contributory causes of importance:
Large prostatic gland

Name of operation Resection of prostate Date of Nov 1935
 What test confirmed diagnosis? Biopsy 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? Y.P.
 If so, specify
 (Signed) J. H. Cecil, M. D.
 (Address) Amstony Mo

ms

