

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

Do not use this space.

25872

1. PLACE OF DEATH

County Cedar
Township
City Eldorado Springs

Registration District No. 163
Primary Registration District No. 40951

File No.
Registered No. 39
St. Ward

2. FULL NAME JOHN WESLEY 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow'd

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1936

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1936 to July 20 1936

I last saw him alive on July 7 1936 Death is said to have occurred on the date stated above, at A. P. M.

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

Rectal Cancer

Date of onset

Other contributory causes of importance:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 14

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

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 unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Carrie Sheets
(ADDRESS) Eldorado Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City (cont) DATE 7/22/1936

19. UNDERTAKER Gwin Siders
(ADDRESS) Eldorado Springs, Mo.

20. FILED 7/21/1936 J. W. Dawson
Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

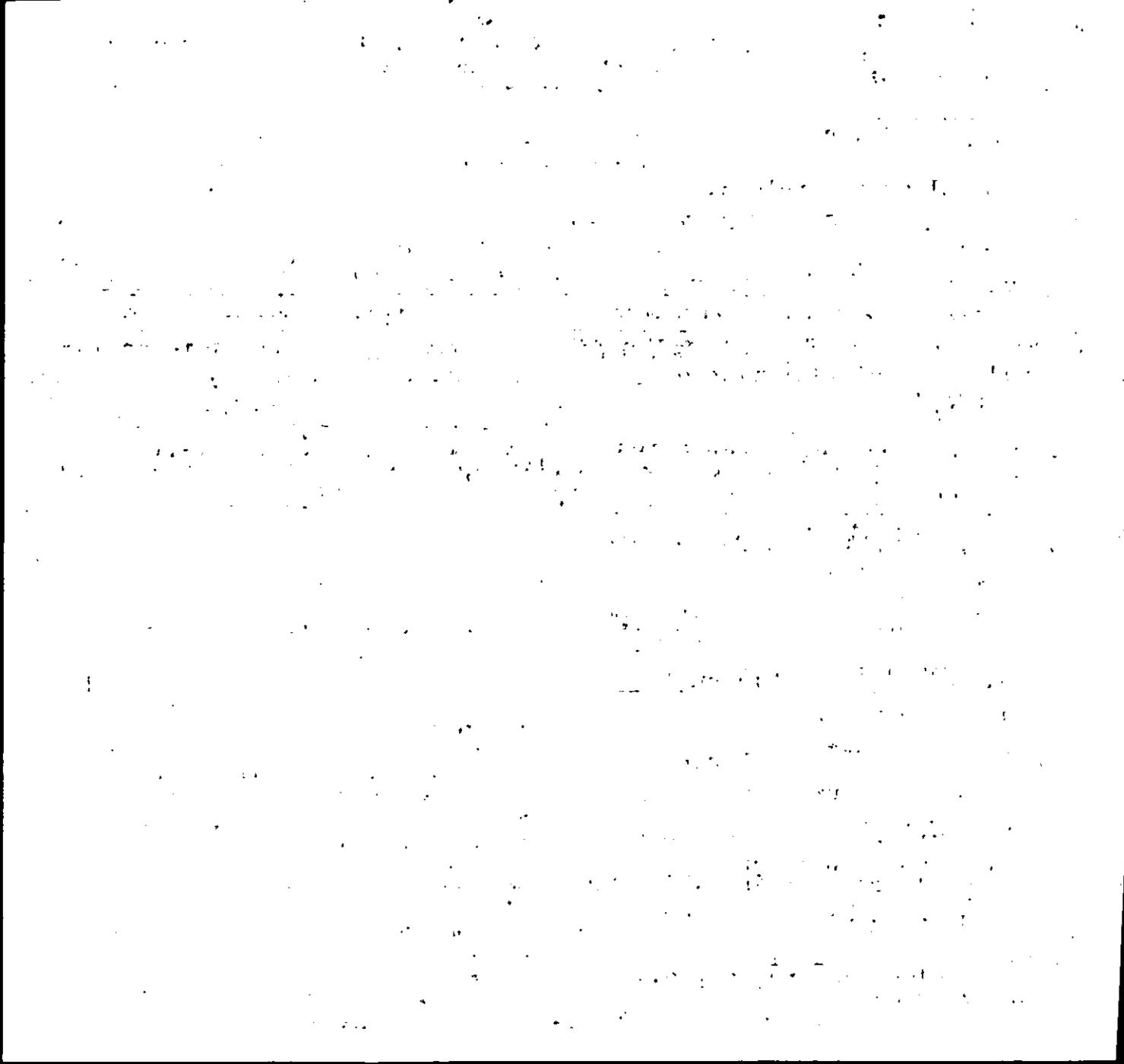
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) W. P. Garton, M. D.
(Address) Eldorado Springs

... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Cedar
Township Eldorado Spgs
City Eldorado Spgs (No. _____)

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

John Wesley 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 widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 14

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7-21-1936 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) M. Remator, M. D.
(Address) Eldorado Spgs

SUPPLEMENTARY

S-25872