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.

SEP 21 1936

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

Do not use this space.

30170

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 121
Township — Primary Registration District No. 3009
City Cape Girardeau No. Home St. Ward)

File No.
Registered No. 296

2. FULL NAME Joseph A Smith
(a) Residence, No. 718 Williams St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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) — —

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

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

7. AGE Years 79 Months 10 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. R.R. Switchman Labor
10. Date deceased last worked at this occupation (month and year) about 6 mo ago
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland Ind.

FATHER
13. NAME Adam Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jay Co Ind

MOTHER
15. MAIDEN NAME Mary Authles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jay Co Ind

17. INFORMANT (ADDRESS) Mrs Minnie Smith 718 Williams

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St Mary Cemetery Cape DATE 8/22 1936

19. UNDERTAKER (ADDRESS) Deevers-Estes Cape Girardeau Mo

20. FILED 8-20 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5/9/36, 19..., to 8/20/36, 19...
I last saw him alive on 8/20/36, 19... Death is said to have occurred on the date stated above, at 6-Pm m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance: Nephritis.

Name of operation none Date of ...
What test confirmed diagnosis? Vomit- 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 John D. Porterfield
(Signed) John D. Porterfield, M. D.
(Address) Cape Girardeau Mo.