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

Do not use this space.

286

FEB 15 1937

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 85
City St.Joseph. (No. 2224 Eugene Field Ave. St. Ward)

2. FULL NAME Andrew Fletcher Smith

(a) Residence, No. St., Ward. Fowler, Indiana.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Parker Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 20, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	11	2	

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) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anderson, So.Carolina

FATHER
13. NAME: Andrew Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anderson, So.Car.

MOTHER
15. MAIDEN NAME: Minerva C.Wagaman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamilton Co, Ind.

17. INFORMANT (ADDRESS): Mrs.Frank P.Schwartz 2224 Eugene Field Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fowler, Indiana DATE Jan, 23, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph, Mo.

20. FILED 1-28 1937 H J Westerman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 22, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937, to Jan 22, 1937
I last saw him alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 11.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Other contributory causes of importance: Coronary disease	1936

Name of operation Clinical 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) J M Allaman, M. D.
(Address) Central Bldg. St.Joseph, 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.