

MAR 16 1937

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

Do not use this space.

5132
216

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. J. seph. (No. 410 No. 19th. St.) St. _____ Ward _____

2. FULL NAME Enos Franklin Smith
 (a) Residence, No. 410 No. 19th. St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>5</u>	<u>15</u>	

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) 1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Co., Kansas

MOTHER FATHER
 13. NAME John Emmanuel Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ky.

MOTHER FATHER
 15. MAIDEN NAME Martha G. Sollars
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Tenn.

17. INFORMANT Mrs. Mary C. Smith
 (ADDRESS) 410 No. 19th. St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE Feb. 18, 1937

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

20. FILED Feb 17, 1937 A. J. Neel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Feb 16, 1937
 I last saw h. i. m. alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 4.25 m. A. M.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris Feb 15-37
Gold & Bronchitis Feb 12
arteriosclerosis general 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) E. Charles H. Kennery, M. D.
 (Address) Kirkpatrick 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.

