

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

Do not use this space.

JUN 22 1937

1. PLACE OF DEATH

County Jasper
Township McDonald
City Route 2, Sarcoxie

Registration District No. 419
Primary Registration District No. 3329
(No. 9 St. 1 Ward)

File No. 20427
Registered No. _____

2. FULL NAME Zorester Tennessee Smith

(a) Residence, No. Route 2, Sarcoxie St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1869

7. AGE YEARS 67 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

13. NAME William Mason Smith

14. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha T. Smith

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

17. INFORMANT Miss Mary Smith (ADDRESS) Route 2, Carthage

18. ~~BURIAL PLACE~~ PLACE OF INTERMENT, OR REMOVAL Mound Valley, Kansas DATE May 6, 1937

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED May 6, 1937 Miss W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Office call about September 10, 1936
I last saw him alive on that date, 19____ Death is said

to have occurred on the date stated above, at 9:20 pm

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

Heart attack
Chronic mitral disease
Chronic Nephritis

Other contributory causes of importance: 151

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? _____

If so, specify _____ (Signed) D. X. Cordonnier, M. D.
(Address) Carthage 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.

