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 20 1937

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

Do not use this space.

31099

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township ~~Dickerson~~ — Primary Registration District No. 4291 — Registered No. 101
City Monticello (No. , St. Ward)

2. FULL NAME Josiah Mansfield Smoot
(a) Residence, No. Monticello St., Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 - 1860

7. AGE: YEARS 76 — MONTHS 7 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 8 yrs. Co. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer entire life
10. Date deceased last worked at this occupation (month and year) 7-30-37
11. Total time (years) spent in this occupation except time spent as County Clerk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

FATHER
13. NAME Thos. Edw. Smoot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

MOTHER
15. MAIDEN NAME Louise Shumate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

17. INFORMANT (ADDRESS) Chas. Smoot Canton, Missouri

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
PLACE Ewing, Lewis, Co. DATE Aug. 20, 1937

19. UNDERTAKER (ADDRESS) Thos. Ball Ewing Missouri

20. FILED Aug. 20, 1937 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to Aug 18, 1937
I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Toxemia	
Abscess Kidney	

Other contributory causes of importance: Prostatitis

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Name of operation Date of
What test confirmed diagnosis? Symptoms 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) [signature], M.D.
(Address) Canton Mo.