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

Do not use this space. 2112

1. PLACE OF DEATH
   (a) County Buchanan, Registration District No. 85
   (b) Township Primary Registration District No. 1001 Registered No. 93
   (c) City St. Joseph, (d) Street No. 2100 North 10th. St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Martin Smith,
   (a) Residence, No. 2100 North 10th. St.
   (Usual place of abode, if no street address, write county or city) (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 Florence Rose Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1863,

7. AGE: YEARS 74 MONTHS 1 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. Wholesale Hardware
10. Date deceased last worked at this occupation (month and year) January 1936.
11. Total time (years) spent in this occupation 56 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batavia, Illinois,

FATHER
13. NAME Calvin E. Smith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Vermont,

MOTHER
15. MAIDEN NAME Isabell A. Holbrook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

17. INFORMANT (ADDRESS) Miss Marjorie Smith 2100 North 10th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Jany 25th 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton Belsole & Bowman 319 South 10th. Street, Funeral

20. FILED Jan. 25 1938 H. J. Nestlebusch By J. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1938, to Jan 23 1938
I last saw her alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thromb. Jan 22/8
Date of onset

Other contributory causes of importance:
Hypertension -
Arteriosclerosis gen -

Name of operation None 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

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank Hardigan, M. D.
(Address) Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 1/23/38

I. E.

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)