

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.

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH
 45 County Lewis 1 Registration District No. 380
 5 Township _____ Primary Registration District No. 4224
 0 City New Franklin (No. _____) St. _____ Ward _____

2. FULL NAME Alfred Jordan Smith 530
 (a) Residence, No. New Franklin St. _____ Ward _____
 (Usual place of abode) Mo. _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

10925

File No. _____
 Registered No. 8
 St. _____ Ward _____

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) Grace M. Lermich Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13/1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 11

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. R. R. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ML & S.

10. Date deceased last worked at this occupation (month and year) Several years ago 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

13. NAME John Smith 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

15. MAIDEN NAME Calvin Ballard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

17. INFORMANT Mrs. A. J. Smith
 (ADDRESS) New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fayette, Mo. DATE 3/26/38 19

19. UNDERTAKER C. S. Munson
 (ADDRESS) New Franklin, Mo.

20. FILED 3-26-1938
J. B. Lee
For City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1938 to 3-23- 1938
 I last saw him alive on 3-23 1938 Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation of Heart Date of onset 3-23-38
Chronic Myocarditis 1935
Ch. Hypertension 1935

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) W. B. Bloom M. D.
 (Address) Fayette, Mo.

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