GEC DEC 16 1938

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

39784
Do not use this space.

1. PLACE OF DEATH
(a) County Marion (2) Registration District No. 547
(b) Township Mason (1) Primary Registration District No. 3059 Registered No. 313
(c) City Hannibal (d) Street No. 703 South Haydon 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 yr

2. PRINT FULL NAME Horace Smith
(a) Residence, No. 703 South Haydon 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yura Alice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1855

7. AGE: Years 83 | Months 3 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Bend Indiana

FATHER
13. NAME Aaron Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Ann Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT Daughter Mary E. Smith
(ADDRESS) 703 South Haydon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Nov. 30 1938

19. FUNERAL DIRECTOR Smith Funeral Home
(ADDRESS) 902 Broadway

20. FILED Nov 30 1938 W C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~November 28, 1938~~

22. I HEREBY CERTIFY, That I attended deceased from On Nov 28, 1938, to Nov 28, 1938
I last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11-28-38

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) F. B. Norton, M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Dr. Norton

1 X12804

STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. J. Marsh

L. E.

No. 3932 or by , Registered Apprentice No.

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

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.)