

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

2271

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.

73  
FEB 20 1931

PLACE OF DEATH  
 County Newton Registration District No. 615  
 Township Marion Primary Registration District No. 5817  
 City No. St. Ward

2. FULL NAME James G. Smith  
 (a) Residence No. St. Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Sallie L. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>2</u>	<u>24</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Burbank County  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Fleming K. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Polly Agnes Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Ray J. Smith  
 (Address) Stark, Mo.

15. FILED Jan 9 31 W. S. Chapman  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1931, to Jan 9 1931, that I last saw her alive on Jan 8 1931, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Congestion of lungs  
111 F  
112

(duration) yrs. mos. da.  
 CONTRIBUTORY Arthritis, due to  
 (SECONDARY) lungs (duration) 40 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF  
 WAS THERE AN AUTOPSY? No.  
 WHAT TEST CONFIRMED DIAGNOSIS? None  
 (Signed) R. P. Chatham, M. D.  
1931 (Address) Diamond Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Powers Cemetery DATE OF BURIAL 1-10 1931  
 20. UNDERTAKER Biglow and Neahr Mo ADDRESS

