

DEC 28 1936

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

Do not use this space.

40304

## 1. PLACE OF DEATH

County BARRY  
Township EXETER  
City EXETER (No. \_\_\_\_\_)

Registration District No. 34  
Primary Registration District No. 6239

File No. \_\_\_\_\_  
Registered No. 21

## 2. FULL NAME

CHARLES MARION SMITH

(a) Residence, No. EXETER, St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (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 MARGARET SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 15, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINISTER

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

10. Date deceased last worked at this occupation (month and year) July 4, 1936 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAMILTON COUNTY TENN.

13. NAME WILLIAM STARK SMITH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN NORTH CAROLINA

15. MAIDEN NAME ELIZABETH BARDY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENN.

17. INFORMANT (ADDRESS) C. KILLARD SMITH NORTH KANSAS CITY, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE WOOD (EXETER) DATE NOV 26 1936

19. UNDERTAKER (ADDRESS) MOON FUNERAL HOME CASSVILLE, MO

20. FILED Nov. 26 1936 Mrs. H. P. Searey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan., 19 34, to Nov. 22, 19 36

I last saw him alive on Nov. 22, 19 36 Death is said

to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Memoria 2 wks.  
3

Other contributory causes of importance:

Chd. Hypertension years  
Chd. Arteriosclerotic Heart  
Arterio-sclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. no

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) H. P. Searey, M. D.

(Address) Cassville, Mo.

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.

