

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

Do not use this space.

36432

(Meyer)

1. PLACE OF DEATH

County Cole
 Township Marion
 City Elston

Registration District No. 211
 Primary Registration District No. 5291

File No. 21
 Registered No. 21
 St. Ward

2. FULL NAME James A. Smith

(a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Mrs Ivy Smith
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) II

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callaway County
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER E. C. Smith11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois12. MAIDEN NAME OF MOTHER Finneth Austeel13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mrs Ivy Smith
 (Address) Elston, Missouri

15. 11-19 28
 FILED 19 28
Frederick Augder Riddle REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/18 19 28

17. I HEREBY CERTIFY That I attended deceased from to 19 28
did not see him alive
 that I last saw him alive on 7 P.M. 19 28, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart trouble (don't know what kind) & chronic alcoholism

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? symptoms(Signed) L. A. T. Meyer, M.D.

11/21 19 28 (Address) Jefferson City 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

Smith Cemetery

DATE OF BURIAL

Nov. 20 19 28

20. UNDERTAKER

W. B. SORREN UNDERTAKING CO.

ADDRESS

Jeff. City, Mo.

