

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

Do not use this space.

34004

OCT 19 1937

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 3014

Registered No. 240

City Jefferson

(No. St. Marys Hosp.)

Ward _____

2. FULL NAME

Clarence Smith
(a) Residence, No. Centertown, Mo. St. _____ Ward. _____
(Usual place of abode)

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 6 22

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girksville, Mo.

13. NAME J. J. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME unbeknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Cleo Eberhart

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown, Mo. Sept 9, 1937

19. UNDERTAKER (ADDRESS) Buescher Funeral Home Jefferson City, Mo.

20. FILED 9/17/37 D. B. Bedford, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937 to Sept 7, 1937. I last saw him alive on Sept 7, 1937. Death is said to have occurred on the date stated above, 2:30 m.

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

Outered - Sclerosis (Cerebral)

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) R. J. Brown, M. D.
(Address) Jefferson City, Mo.

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

50M-22-38 I X3314

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.

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370/1

