

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

Do not use this space.

Dr. Westcott
File No. **19119**
Registered No. **152**
St. _____ Ward)

1. PLACE OF DEATH
16 County *Cape Girardeau* Registration District No. *125*
Township *Osage* Primary Registration District No. *5778*
City *Northview Farm* St. _____ Ward)

2. FULL NAME *Silas S. Smith*
(a) Residence, No. *Northview Farm - 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 23, 1833*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
99 7 2

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

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) *Hardin Co. Ky*

13. NAME *James W. Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Don't know.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know.*

17. INFORMANT *Dr. H. L. Cunningham*
(ADDRESS) *Cape Girardeau Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Lorimer, Mo.* DATE *June 26, 1933*

19. UNDERTAKER *Walthus Lind. Co*
(ADDRESS) *Cape Girardeau Mo.*

20. FILED *6/26 1933* *W. H. Westcott*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28th 1933*

22. I HEREBY CERTIFY That I attended deceased from *June 7th 1933* to *June 25 1933*
I last saw him alive on *June 25 1933*. Death is said to have occurred on the day stated above, at *8:15 A.M.*
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset *6/19/33*

Other contributory causes of importance:
Fracture (intracapsular) right left femur *4/6/33*

Name of operation *None* Date of _____
What test confirmed diagnosis? *Physic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury *6/6 1933*
Where did injury occur? *Home* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Home*
Manner of injury *Fell when he arose from bed*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *Wm. H. Westcott*, M. D.
(Address) *626 Wood St Cape Girardeau 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.

JUL 21 1933

2
20
31

