- United States World War I...stration Cards, 1917-1918
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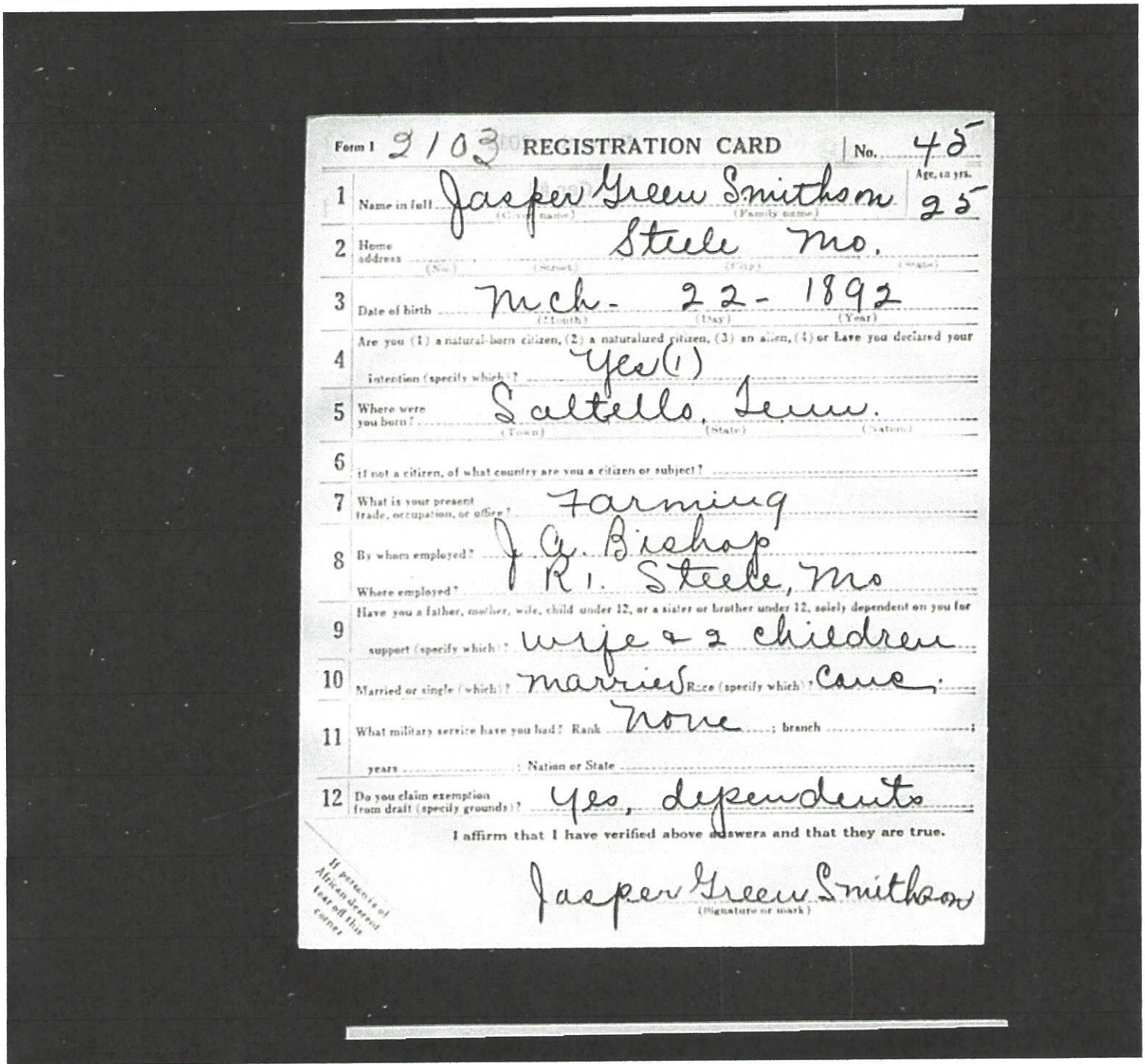
- Missouri
- Pemiscot County; J-Z



Form 1 2103 REGISTRATION CARD No. 45

1 Name in full: Jasper Green Smithson (Given name) (Family name) — Age, in yrs.: 25
2 Home address: Steele Mo. (No.) (Street) (City) (State)
3 Date of birth: Mch. 22 1892 (Month) (Day) (Year)
4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Yes (1)
5 Where were you born? Caltello, Tenn. (Town) (State) (Nation)
6 If not a citizen, of what country are you a citizen or subject?
7 What is your present trade, occupation, or office? Farming
8 By whom employed? J. A. Bishop
Where employed? R 1. Steele, Mo
9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? wife & 2 children
10 Married or single (which)? married Race (specify which)? Cauc.
11 What military service have you had? Rank None; branch ; years ; Nation or State
12 Do you claim exemption from draft (specify grounds)? Yes, dependents

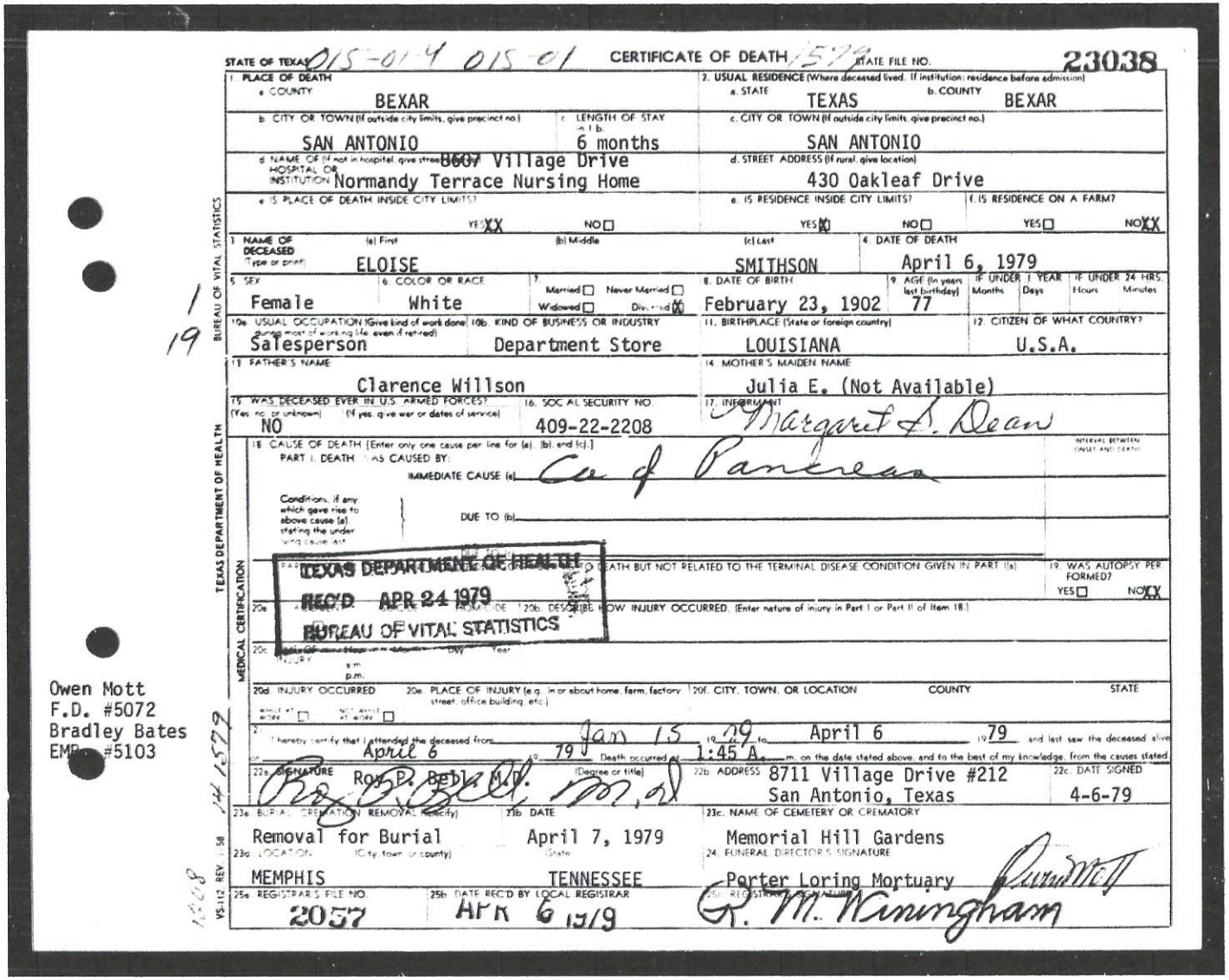
I affirm that I have verified above answers and that they are true.

Jasper Green Smithson (Signature or mark)

If person is of African descent tear off this corner

"United States World War I Draft Registration Cards, 1917-1918," database with images, FamilySearch (https://familysearch.org/ark:/61903/3:1:33S7-9YYV-TJD?cc=1968530&wc=9F4R-829%3A928313001%2C928791201 : 23 August 2019), Missouri > Pemiscot County; J-Z > image 2474 of 3543; citing NARA microfilm publication M1509 (Washington, D.C.: National Archives and Records Administration, n.d.).

Name	Event Type	Event Date	Event Place	Gender	Nationality	Relationship to Veteran
Jasper Green Smithson	Draft Registration	1917-1918	Pemiscot, Missouri, United States	Male		



STATE OF TEXAS 015-014 015-01 CERTIFICATE OF DEATH 15-79 STATE FILE NO. 23038

BUREAU OF VITAL STATISTICS — TEXAS DEPARTMENT OF HEALTH — MEDICAL CERTIFICATION — VS-112 REV. 1-58

1. PLACE OF DEATH
a. COUNTY: BEXAR
b. CITY OR TOWN (If outside city limits, give precinct no.): SAN ANTONIO
c. LENGTH OF STAY in this place: 6 months
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ~~8607~~ Village Drive Normandy Terrace Nursing Home
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: TEXAS b. COUNTY: BEXAR
c. CITY OR TOWN (If outside city limits, give precinct no.): SAN ANTONIO
d. STREET ADDRESS (If rural, give location): 430 Oakleaf Drive
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (Type or print): (a) First ELOISE (b) Middle (c) Last SMITHSON
4. DATE OF DEATH: April 6, 1979
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced XX
8. DATE OF BIRTH: February 23, 1902
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesperson
10b. KIND OF BUSINESS OR INDUSTRY: Department Store
11. BIRTHPLACE (State or foreign country): LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Willson
14. MOTHER'S MAIDEN NAME: Julia E. (Not Available)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 409-22-2208
17. INFORMANT: Margaret L. Dean

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ca of Pancreas
Conditions, if any, which gave rise to above cause (a) stating the under lying cause last.
DUE TO (b):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH

TEXAS DEPARTMENT OF HEALTH
REC'D APR 24 1979
BUREAU OF VITAL STATISTICS

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. DATE OF INJURY: Month Day Year a.m. p.m.
20d. INJURY OCCURRED: while at work ☐ not while at work ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from Jan 15 19 79 to April 6 19 79 and last saw the deceased alive on April 6 19 79. Death occurred at 1:45 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Ross D. Beddow M.D.
22b. ADDRESS: 8711 Village Drive #212 San Antonio, Texas
22c. DATE SIGNED: 4-6-79

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal for Burial
23b. DATE: April 7, 1979
23c. NAME OF CEMETERY OR CREMATORY: Memorial Hill Gardens
23d. LOCATION (City, town, or county): MEMPHIS (State): TENNESSEE
24. FUNERAL DIRECTOR'S SIGNATURE: Porter Loring Mortuary
25a. REGISTRAR'S FILE NO.: 2057
25b. DATE REC'D BY LOCAL REGISTRAR: APR 6 1979
25c. REGISTRAR'S SIGNATURE: R. M. Winningham

Owen Mott
F.D. #5072
Bradley Bates
EMP [illegible] #5103

STATE OF TENNESSEE

Marriage License

COUNTY OF SHELBY

TO ANY ONE LEGALLY AUTHORIZED TO SOLEMNIZE MARRIAGES

THIS IS TO AUTHORIZE YOU

to solemnize the Rites of Matrimony

between J. J. Smithson Jr 33

and Elsie Wilson 23

of your County, agreeable to an Act of the General Assembly in such cases made and provided: provided, that there is no lawful cause to obstruct the Marriage for which this License is desired; otherwise, these shall be null and void, and shall not be accounted any license or authority for you, or either of you, for the purpose aforesaid, more than if the same had never been prayed or granted.

Given under my hand, at the Clerk's office, in said County, this 20 day of May 1925

Jno C McLemore CLERK By W W Norflet DEPUTY CLERK

CERTIFICATE OF MARRIAGE

STATE OF TENNESSEE, COUNTY OF SHELBY. I Robt A Clark

do hereby certify that on the 20 day of May 1925 I did duly solemnize the Rites of Matrimony between the parties here to named, as authorized in the foregoing License.

WITNESS, my hand this 20 day of May 1925

Robt A Clark

OFFICIAL POSITION Minister