

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

Do not use this space.

20639

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Rawlins Primary Registration District No. \_\_\_\_\_ Registered No. 2516  
 City Le mo (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clavel Smeot  
 (a) Residence No. Helping Hand 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-27-99

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 10 9

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Texas

10. NAME OF FATHER John Smeot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) ala

12. MAIDEN NAME OF MOTHER andy pickens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) ala

14. INFORMANT (Address) Hospital. Leeds Mo

15. FILE NO. 6-9-28 M M Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-12-1928 to 6-6-1928 that I last saw him alive on 6-5-1928, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
2/3 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic  
 (Signed) George C. See, M. D.  
6/7, 1928 (Address) 1002 Maple Blk

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds DATE OF BURIAL 6-11-1928

20. UNDERTAKER O. Smeot ADDRESS \_\_\_\_\_

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.

WHILE FULFILLING DUTY, WITH ONFADING INK THIS IS A PERMANENT RECORD

