Dr. Wolf

19 1931

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. , St. Ward)

Registration District No. 4
Primary Registration District No. 3001

File No. 38411
Registered No. 182

2. FULL NAME Harold Eugene Smith
(a) Residence. No. 610 N High 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12-19-30

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER Carl Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo. Schuyler Co.
12. MAIDEN NAME OF MOTHER Lorena Townsend
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Carl Smith
(Address) Kirksville Mo

15. FILED 12/26 1930 Mrs C H Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 12, 1930 that I last saw him alive on Dec. 12, 1930, and that death occurred, on the date stated above, at 5:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Patulous Foramen Ovale
157C (duration) Five hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

157B

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) E. H. Webster DO. M.D.
, 19 (Address) Kirksville 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: Forest Park
DATE OF BURIAL: 12-12 1930

20. UNDERTAKER: Davis & Wilson
ADDRESS: Kirksville Mo.

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

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.