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

Do not use this space.

39167

JAN 19 1931

1. PLACE OF DEATH
County Grundy — Registration District No. 330
Township — Primary Registration District No. 3014
City Trenton (No. ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME James M. Smith
(a) Residence. No. 204 E. 6th 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: Mal.
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) Feb 17 1855

7. AGE: Years 75 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

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

PARENTS
10. NAME OF FATHER: James Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Elizabeth Mabbitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Osa Smith
(Address) ~~Fren~~ Mountain Grove

15. FILED Dec 27, 1930 E. A. Duffy MO REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Dec 25, 1930 that I last saw him alive on Dec 24, 1930 and that death occurred, on the date stated above, at 5 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ... yrs. ... mos. 3 or 4 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O R Reeks, M. D
Dec 2, 1930 (Address) Trenton 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: IOOF Edinburg
DATE OF BURIAL: Dec 28 1930

20. UNDERTAKER: M N Robb Trenton
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.