

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

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

Do not use this space.

**41254**

**1. PLACE OF DEATH**

County Gasper  
Township Mineral  
City (No. ....) St. .... Ward .....

Registration District No. 394  
Primary Registration District No. 4550

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

**2. FULL NAME**

(a) Residence, No. Mrs Excell Kile 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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1905</u>  |                                  |  |
| 7. AGE YEARS<br><u>26</u>  | MONTHS<br><u>8</u>               | DAYS<br><u>8</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u> |                                  |  |
| 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) <u>Okla.</u>  |                                  |  |
| 13. NAME <u>John Hocker Smith</u>  |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>   |                                  |  |
| 15. MAIDEN NAME <u>Addie Hopkins</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>   |                                  |  |
| 17. INFORMANT <u>Mrs John Hocker Smith</u><br>(ADDRESS) <u>Purcell, Mo.</u>                                |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Purcell</u> DATE <u>Dec 9</u> , 19 <u>31</u>                 |                                  |  |
| 19. UNDERTAKER <u>Steel Und Co</u><br>(ADDRESS) <u>Webb City, Mo.</u>                                      |                                  |  |
| 20. FILED <u>Dec 10</u> , 19 <u>31</u> <u>J. R. Garrison</u><br>Registrar.                                 |                                  |  |

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to Dec 30, 1931  
I last saw deceased alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
2 1/2  
1931  
Other contributory causes of importance:  
Tuberculous Bacter. - Colts  
6 mo

Name of operation Pneum. Section Date of .....  
What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Jose E. Daugherty, M. D.  
(Address) Webb City

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.

22

23

1966 A 117