

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

Do not use this space.

41572

1. PLACE OF DEATH  
 County Miller Registration District No. 564  
 Township Equality Primary Registration District No. 5758  
 City (No. St. Ward)

2. FULL NAME Robert Lee Smith  
 (a) Residence, No. Equality Twp. Miller Co. Mo. Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 63 yrs. 6 mos. 26 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen D. Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 26  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Tusculum Mo  
 13. NAME Charles Jefferson Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 15. MAIDEN NAME Nancy Burks  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Ellen D. Smith  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL Mr. Pleasant Cemetery  
 PLACE Dec 22-31 DATE 1931  
 19. UNDERTAKER W A Phillips  
 (ADDRESS)  
 20. FILED Dec 21 1931

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1931  
 2. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931, to Dec 21, 1931.  
 I last saw him/her alive on Dec 20, 1931. Death is said to have occurred on the date stated above, at 5 A. m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Spontaneous  
Heart  
 Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Suicide 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W A Phillips, M. D.  
 (Address) Tusculum Mo

Registrar.

THIS IS A PERMANENT RECORD  
 AGE should be stated EXACTLY. PHYSICIANS should state  
 exactly supplied. Exact statement of OCCUPATION is very important.  
 Main reason for its classification.

AGRICULTURE  
COOPERATION TO THE PEOPLE

AG

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Miller Registration District No. 564 File No. ....  
 Township Equality Primary Registration District No. 5758 Registered No. ....  
 City (No. ....) St. .... Ward .....

**2. FULL NAME**

Robert Lee Smith  
 (a) Residence, No. .... 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>12 22 1931</u> <u>STT</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset
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Other contributory causes of importance:

Name of operation..... 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?.....  
 If so, specify..... (Signed)....., M. D.  
 (Address).....

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state USE OF LIFE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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