

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

49 2
1933
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

36584-1

1. PLACE OF DEATH
 75 County Oregon Registration District No. 1148
 Township Johnson Primary Registration District No. 5845-
 City Thornhill (No. St. Ward)

2. FULL NAME Infant (unnamed)
 (a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 days

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Infant -

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) no

FATHER
 13. NAME Basil Smithman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck, Wis.

MOTHER
 15. MAIDEN NAME Ruth Layman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Mrs. Basil Smithman, Bismarck, Wis.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE Nov 10, 1932

19. UNDERTAKER (ADDRESS) Neighbors

20. FILED Feb 22, 1933 Mrs. A. O. Roberts Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1932

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 2 a.m.
 The principal cause of death and related causes of importance were as follows:
no medical aid

Date of onset

Other contributory causes of importance:
200A (8)

(1) Name of operation Date of
 (2) 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)

