

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Park
City Billerica (No.)

Registration District No. 181
Primary Registration District No. 4107

File No. 12221
Registered No.
St. Ward)

2. FULL NAME ROBERT EUGENE SMITH

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 30, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1934, to Apr. 30-31, 1934
I last saw him alive on Apr. 30, 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30-1930

to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 3 yrs. 5 min.

PREMATURE BIRTH Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

69 AND LUES.
1934
Other contributory causes of importance:
Intest. mother

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billerica, Mo.

FATHER 13. NAME Robert Smith

Name of operation Date of
What test confirmed diagnosis? Nass Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billerica, Mo.

MOTHER 15. MAIDEN NAME Ethel Easterday

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billerica, Mo.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ethel Smith, Billerica, Mo.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Center DATE May-1-1934

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

19. UNDERTAKER (ADDRESS) G. S. Wallace, Billerica, Mo.

(Signed) F. H. BROWN, M. D.

20. FILED June 1-1934 F. H. Brown Registrar

(Address) Billerica, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

