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MAR 4 1935

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

Do not use this space.

4066

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No.
Township Duckcreek — Primary Registration District No. 6102 — Registered No. 7
City (No. , St. Ward)

2. FULL NAME Joseph Milton 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Rosey Belle Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1865

7. AGE — YEARS: 69 — MONTHS: 5 — DAYS: 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
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 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER
13. NAME Jack Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Melvinia McCoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs J. M. Smith R F D Puxico, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Hill (Cem) DATE 1-27 1935

19. UNDERTAKER (ADDRESS) Dodd Furn & Und Co Puxico, Mo

20. FILED 1-24 1935 Vivian B. Hawks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935, to Jan 24, 1935
I last saw him alive on Jan 24, 1935 Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 7 or 8 days before death
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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? No
If so, specify
(Signed) E. E. Ehrman, M. D.
(Address) Puxico Mo

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.