

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 21 1936

Do not use this space.

27039

1. PLACE OF DEATH

County Jasper Registration District No. 411  
 Township Latona Primary Registration District No. 2002  
 City Joplin (No. 1206 Pennsylvania) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edmond Tom Smoot

(a) Residence, No. 1206 Pennsylvania St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. x mos. x 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 Dolly Smoot  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker in Oil Field of Oklahoma  
 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) Mattson (STATE OR COUNTRY) Illinois

13. NAME Edmond J. Smoot

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Martha Morgan

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT Dolly Smoot (ADDRESS) 1206 Penn. Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Park, Joplin DATE July 25 '36

19. UNDERTAKER Lambert Mortuary (ADDRESS) 1502 Joplin St. Joplin Mo.

20. FILED 7-25-36 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1936

I HEREBY CERTIFY (That I attended deceased from Nov 1 1936 to July 29 1936)  
 I last saw him alive on July 23 1936 Death is said to have occurred on the date stated above, at 2:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Carcinoma of right part of prostate gland 1935

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) W. E. Jones, M.D.  
708 Triggs Bldg. Joplin Mo.  
 (Address) \_\_\_\_\_

