

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

Do not use this space.

35427

OCT 21 1936

1. PLACE OF DEATH  
 County St. Francois Registration District No. 279  
 Township Union Primary Registration District No. 6024A  
 City Farmington Mo (No. 24) St.                      Ward                     

2. FULL NAME Joel Lemiel 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>Male</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 <u>Cara Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 13, 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	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. <u>Farmer</u>	
	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) <u>St. Francois Co.</u>		
FATHER	13. NAME <u>William Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Eliza Golman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Cara Smith</u> (ADDRESS) <u>Farmington Mo R 4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem</u> DATE <u>Sept 27, 1936</u>		
19. UNDERTAKER <u>C. W. Dyer</u> (ADDRESS) <u>Westgate Mo</u>		
20. FILED <u>10-8</u> , 19 <u>36</u> <u>W. P. Blackworth</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936 to Sept 25, 1936  
 I last saw him alive on Sept 24, 1936. Death is said to have occurred on the date stated above, at 7 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Isho caliti Date of onset                       
Ca of upper lip  
 Other contributory causes of importance:  
none  
 Name of operation                      Date of                       
 What test confirmed diagnosis? Exam Was there an autopsy? NO

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) C. W. Dyer, M. D.  
 (Address) 7th and River Mo

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

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.

