

MAY 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

35 County Dunklin  
5 Township Freshwater  
1 City Holcomb (No. ....)

Registration District No. 284170Primary Registration District No. 5404

File No. 16245  
Registered No. ....  
St. .... Ward)

2. FULL NAME Norman Udell Smothers

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
10 2 27

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.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo.13. NAME Loren Smothers14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)15. MAIDEN NAME Harriette Fuller16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)17. INFORMANT J. H. Fuller (ADDRESS) Holcomb, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE April 30, 193719. UNDERTAKER (ADDRESS) C. Folt Holcomb, Mo.20. FILED 5-10-37 19 J. Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1937

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..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

April 22, 1937Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis? None 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) J. H. Fuller, M. D.(Address) Holcomb, Mo.

