

NOV 20 1937

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

38315

Do not use this space.

1. PLACE OF DEATH
 (a) County Westwood Registration District No. W 5-576262
 (b) Township Beeders Primary Registration District No. 4033 Registered No. 10
 (c) City (d) Street No. 1276 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barney Kizes Smith
 (a) Residence, No. St. (If nonresident, give city or town and State)

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 Mary Anna Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 74 8 11
 OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Ill.
 FATHER: 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 MOTHER: 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) Bea Smith
5120 N. 1st St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stoupe DATE Oct 10 1937
 19. FUNERAL DIRECTOR (ADDRESS) Ward Russell
Piggott Ave
 20. FILED Nov 10 1937 M. J. Muesel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Oct 9 1937
 I last saw him alive on Oct 5 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Renal failure with fatty degeneration Date of onset
 Other contributory causes of importance: AD

Name of operation None Date of
 What test confirmed diagnosis? Urinalysis Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury 19.....
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Bea Smith ; M. D.
 (Address) 5120 N. 1st St

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.

JUL 14 1950

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)