

NOV 23 1937

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

Do not use this space.

38658

## 1. PLACE OF DEATH

 County St. Clair  
 Township Bedwell  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

 Registration District No. 769  
 Primary Registration District No. 6015

 File No. \_\_\_\_\_  
 Registered No. 8

## 2. FULL NAME

(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

## MEDICAL CERTIFICATE OF DEATH

 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 Nora Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-28-1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
62 1 12 1/2

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

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) (STATE OR COUNTRY) El Dorado Spgs Mo
13. NAME James B. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Dorado Spgs Mo
15. MAIDEN NAME Rebecca Lessey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Dorado Spgs Mo

 17. INFORMANT (ADDRESS) J. M. Smith, M.D.,  
 1115 S. Main 2937 Natchez

 18. BURIAL, CREMATION, OR REMOVAL W. W. Newcomer Crematory, S. C. Mo  
 PLACE 1612 DATE 10/12 1937

 19. UNDERTAKER (ADDRESS) Leath and Son,  
 Adams Mo.

 20. FILED 10-12 1937 Mrs. J. W. Richardson  
 Registrar.
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10<sup>th</sup> 1937
 22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1937, to 10-10, 1937

 I last saw him alive on 10-10, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

unknownName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Chm. Diag. Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) J. H. Richardson, M. D.(Address) W. Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

