

DEC 20 1937

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

Do not use this space.

41576

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township Edna Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin (No. 2223, Archie Baxter) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arthur Smith

(a) Residence, No. 2223 Archie Baxter St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ OR WIFE OF <u>Ella Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 - 1877</u>				
7. AGE <u>60</u>	YEARS	MONTHS <u>9</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. <u>grocerman</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Nov 6, 1937

I last saw him alive on Nov 6, 1937. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Acute nephritis.  
Influenza  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

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. H. Brookshire, M. D.

(Address) Joplin, Mo. Fraser Rd.

12. BIRTHPLACE (CITY OR TOWN) Weir City, Kansas  
(STATE OR COUNTRY)

13. NAME Lylester Smith

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

15. MAIDEN NAME Margaret Little

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

17. INFORMANT Mrs. Ella Smith  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Car.  
PLACE Hillcrest Cem. Edna DATE Nov. 8, 1937

19. UNDERTAKER Frank Sieners Mortuary  
(ADDRESS) Joplin, Mo.

20. FILED 11-8 1937 Ed. D. James  
Registrar.

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.

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75

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