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.

REC'D MAR 14 1938

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

6149
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 225
(c) City St. Joseph, (d) Street No. 1820 Ashland Avenue, 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 4 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Melissa E. Smith, 530
(a) Residence, No. 1820 Ashland Avenue St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jesse W. Smith,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1860
7. AGE: YEARS 77 MONTHS 9 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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): Andrew County, Missouri, 0

FATHER
13. NAME: Stephen Davis, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa, 1

MOTHER
15. MAIDEN NAME: Mary Hobson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): Erba D. Smith 1820 Ashland Avenue,
18. BURIAL, CREMATION, OR REMOVAL: Andrew County, Mo.
PLACE Long Branch Cem DATE Feb'y 21, 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bethel Bowman 319 South 10th. Str. Funeral Hs.
20. FILED Feb'y 21, 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938, to Feb 19, 1938
I last saw her alive on Feb 18, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral concussion~~	
Cerebral Concussion	2-1938
1860 18-	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 16, 1938
Where did injury occur? St Joseph Mo. Buchanan Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell and stuck head
Nature of injury Concussion of brain
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify 1
(Signed) J. F. Owens, M. D.
(Address) J. Ballinger Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self 2/19/38

L. E. ✓

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

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007.

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