

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry 51Township JacksonCity Cassville 6 (No. Barry County Hospital)Registration District No. 29Primary Registration District No. 4021File No. 10026Registered No. 9

St. _____ Ward)

2. FULL NAME Catherine Smith 530(a) Residence, No. Jackson, Mo. St. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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>Ethel Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28th 1876</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>	DAYS <u>6</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>farmer</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.....	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>George Smith</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Matelda Young</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT (ADDRESS) <u>John Ethel Smith Jackson, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Putnam</u> DATE <u>Dec 25</u> 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Home-Culver Cassville, Mo.</u>	
20. FILED <u>4-10</u> 19 <u>38</u> <u>Stoummer</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 193722. I HEREBY CERTIFY that I attended deceased from Oct 10th 1937 to Oct 23rd 1937I last saw him alive on Oct 23rd 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Empyema 10/10/37

Other contributory causes of importance: 108. Labor Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

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. Hays M. D.(Address) Cassville, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

U. S. 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.

X-7044

