APR 23 1938

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

Do not use this space.

12361

1. PLACE OF DEATH Vernon ~~Nevada~~
(a) County ~~Barton~~ Registration District No. 875
(b) Township Primary Registration District No. 3039 Registered No. 81
(c) City ~~Nevada~~ Mo (d) Street No. ..... 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 Ashel Smith 530
(a) Residence, No. 811 N. Washington St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) Sept 13-1871
7. AGE YEARS 66 MONTHS 6 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jan 38
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Andrew Jackson Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Nancy Jane Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Jaunita Handisty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Cem DATE 3-23 1938

19. FUNERAL DIRECTOR (ADDRESS) [illegible] Jerico Springs, Mo

20. FILED Mar. 24 1938 Allen W. Harp Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to Mar. 22, 1938
I last saw him alive on Mar 20, 1938. Death is said to have occurred on the date stated above, at 520 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - following abscess of foot	Jan 38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Blood culture 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? No
If so, specify .....
(Signed) E R King, M. D.
795 (Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

152
4/39 PM

Bum
35K

Date
Lodinah
Retired to Kin
Ky

STATEMENT BY LICENSED EMBALMER

I, M. P. Long, Licensed Embalmer No. 371

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed M. P. Long

Licensed Embalmer No. 371

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

12361
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon — Registration District No. 875
(b) Township — Primary Registration District No. 3039 — Registered No. 81
(c) City Nevada — (d) Street No. ..... 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 Ashel Smith
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3-24, 1938 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Septicemia
following abscess of foot
Probably traumatic
but patient did not
know what started
abscess-

Date of onset

Other contributory causes of importance:

152-

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) E. R. King, M. D.
(Address) Nevada Mo

SUPPLEMENTARY