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 MAY 23 1938

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

15305

Do not use this space.

DEATH Mississippi

Township Mississippi

Registration District No. 996

Primary Registration District No. 5966

Registered No.

(c) City

(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 Ossie Corrine Smith

(a) Residence, No. Deventer, Mo.

(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 F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1937

7. AGE YEARS [illegible] MONTHS [illegible] DAYS 21 IF LESS than 1 day, ...hrs. or ....min.

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) Deventer, Mo.

FATHER

13. NAME Frank Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo

MOTHER

15. MAIDEN NAME Freda Bone

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

17. INFORMANT (ADDRESS) Frank Smith Deventer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dirk cemetery DATE 4/21 1938

19. FUNERAL DIRECTOR (ADDRESS) Travis N Shelby East Prairie, Mo.

20. FILED ....., 19....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 18th 4, 1938 to 4/21, 1938

I last saw her alive on 20th 30, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Pneumonia	
Bron Cho.	

Other contributory causes of importance:

Meards 7

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) A. J. Martin, M. D.

(Address) East Prairie Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Travis N. Shelby, Licensed Embalmer No. 2726

hereby certify that the body recorded on the reverse side of this certificate was not embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Travis N. Shelby

Licensed Embalmer No. 2726

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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

15305
Do not use this space.

1. PLACE OF DEATH
(a) County Miss. Registration District No. 996
(b) Township Mississippi Primary Registration District No. 5766 Registered No. 14
(c) City (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 Ossie Corrine 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 1937
7. AGE YEARS MONTHS 11 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

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) Deventer Mo

FATHER
13. NAME Frank Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo

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

17. INFORMANT (ADDRESS) Frank Smith Deventer Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Derk Cem DATE 4/21 1938
19. FUNERAL DIRECTOR (ADDRESS) Travis N Shelby East Prairie Mo
20. FILED 4-21 1938 Mrs D M Hodge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-18 1938 to 4-21 1938
I last saw her alive on 20 1938. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Broncho	

Other contributory causes of importance:
measles

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) A. G. Martin, M. D.
(Address) East Prairie

SUPPLEMENTARY

HALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.