

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 9 1938

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

19102
Do not use this space.

1. PLACE OF DEATH
 (a) County Fenley Registration District No. 655
 (b) Township Steele Primary Registration District No. 2892 Registered No. _____
 (c) City Steele (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 John Thomas Smith
 (a) Residence, No. Steele Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 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 Martha Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6th 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 12

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)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ala
 13. NAME J.R. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ala

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

17. INFORMANT (ADDRESS) Mrs B.T. Peckingspaugh Fenley Tenn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyersburg Tenn DATE 5/19 1938

19. FUNERAL DIRECTOR (ADDRESS) German Undt Co Steele, Mo.

20. FILED 6/10 38 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 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 7:45 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____
1070
 Other contributory causes of importance:
(Septic) Broncho Pneumonia 5/15/38

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? No.
 If so, specify _____
 (Signed) J.P. Vickrey, M. D.
 (Address) Steele, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)