

Property classified. Exact statement of OCCUPATION is very important.

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

REC'D AUG 26 1938

25205
Do not use this space.

1. PLACE OF DEATH

(a) County Went Registration District No. 6-77 286
(b) Township Went Primary Registration District No. 5398 Registered No. _____
(c) City Keosauqua (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

(a) Residence, No. Keosauqua, Mo St. (If nonresident, give city or town and State)
Henry Lee Smith 530
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1848
7. AGE YEARS 89 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retd 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

FATHER 13. NAME Went

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

MOTHER 15. MAIDEN NAME Went

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

17. INFORMANT Frank Smith (ADDRESS) Keosauqua, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural DATE July 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Will Dean Keosauqua, Mo

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY, that I attended deceased from July 10 1938, to July 26 1938. I last saw him alive on July 19 1938. Death is said to have occurred on the date stated above, at 11:53 A.M.

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

Senile degeneration changes with circulatory failure

Other contributory causes of importance: 93 D1
Myocarditis
Spotted enteritis

Date of onset 7/10/38

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) Wm. Patton, M.D.
(Address) Keosauqua, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

PHOTO

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-205-
Do not use this space.

1. PLACE OF DEATH

(a) County Dont Registration District No. 266
(b) Township Watkins Primary Registration District No. 3378 Registered No. 58
(c) City (d) Street No.
(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

Henry Lee Smith
(a) Residence, No. Leeanna 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) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-1848

7. AGE YEARS 89 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Punxsutawney Pennsylvania

MOTHER 13. NAME Dont

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Know

15. MAIDEN NAME Know

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

17. INFORMANT (ADDRESS) Frank Smith Lafayette Ill

18. BURIAL, CREMATION OR REMOVAL PLACE Rhea DATE July 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ralla

20. FILED Sept 9 1938 A. E. Butler Md. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938

22. I HEREBY CERTIFY That I attended deceased from July 10, 1938 to July 26, 1938
Last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Senile degenerative changes with circulatory failure
Other contributory causes of importance: Myocarditis - Is astro enteritis

Name of operation none 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) Wm Cottingham M. D. no
(Address) Ralla

COPY UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

