Born Aug 23. 1901.

DEC'D SEP 16 1938

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

3 1

Do not use this space.

29758

1. PLACE OF DEATH
County Pike
Township Cuivre
Registration District No. 689 684 5912
Primary Registration District No. 3033
File No. 29758
Registered No. 23
82 City near Bowling Green No. near Heinrch Fill Station St. Ward)

2. FULL NAME CHARLES F. SMITH
(a) Residence, No. n 615 North Carolina Street, Louisiana Mo 53
(Usual place of abode) St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/23-1901

7. AGE YEARS 36 MONTHS 11 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver
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 Several

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Mo 0

FATHER
13. NAME Wm Douglass Smith 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln county Mo 0

MOTHER
15. MAIDEN NAME Sarah Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren county Mo

17. INFORMANT (ADDRESS) Florence Smith, Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisiana Mo DATE 8-9th 1938

19. UNDERTAKER (ADDRESS) F. Haley Jr Louisiana Mo

20. FILED 8/8th 1938 Mrs. Summer Kaufman Registrar.

9-1-38

MEDICAL CERTIFICATE OF DEATH 1938

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Monday, Aug 8, 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 5 15 m.
The principal cause of death and related causes of importance were as follows:

Lincoln by Spooling

Date of onset

167

Other contributory causes of importance:

Name of operation X 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? X Date of injury....., 19.....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Porter Turpin Coroner M. D.
(Address) Bowling Green Mo 616

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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-33
Date Filed 9/14/38