

REC'D DEC 15 1938

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

38577

Do not use this space.

1. PLACE OF DEATH

(a) County Boone 2 Registration District No. 73
(b) Townshp Columbia 1 Primary Registration District No. 3006 Registered No. 278
(c) City Columbia (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

Ernest Scott Smith
(a) Residence, No. 703 Park Ave 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 6 20

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. Cook.

10. Data 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) Sturgeon Mo

13. NAME Scott Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Jessie Smith

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

17. INFORMANT (ADDRESS) Jessie Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Union 11-28 1938

19. FUNERAL DIRECTOR (ADDRESS) A. C. Newman

20. FILED 11/28/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938, to Nov 25, 1938

I last saw him alive on Nov 25, 1938. Death is said

to have occurred on the date stated above, at 8:15 P.M.

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

Cardiovascular disease

Date of onset

Other contributory causes of importance:

Hypertension

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? _____

If so, specify _____

(Signed) Allie Selby M. D.

(Address) Columbia Mo

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.

STATEMENT BY LICENSED EMBALMER

I, A. C. Freeman, Licensed Embalmer No. 2837

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

..... L. E.

No. of by Registered Apprentice No.

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

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