

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

Do not use this space.

44307

1. PLACE OF DEATH

County Ripley Registration District No. 753
 Township Salemwood Primary Registration District No. 6245
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-17-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo. U.S.A.

13. NAME B. G. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. U.S.A.

15. MAIDEN NAME Primm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. U.S.A.

17. INFORMANT T. E. Smith (ADDRESS) Salemwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ponder's Maus. DATE 12-24-1938

19. UNDERTAKER Jordan Humphrey (ADDRESS) _____

20. FILED 12-23-38 C. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-38

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1938, to 12/22/38, 1938

I last saw him alive on 12/20/38 Death is said to have occurred on the date stated above, at 9 P.M.

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

Robt. pneumonia 1 week

Other contributory causes of importance: 105

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cervical 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 _____, 1938

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) Clifford Gofort M. D.
 (Address) Dorchester 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.

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