

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

MISSOURI BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7315
Do not use this space.

RECD MAR 17 1939

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. b467
 (b) Township St. John Primary Registration District No. 5-803 Registered No. 6
 (c) City..... (d) Street No..... 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 PAUL EDWARD SMITHSON
 (a) Residence, No. St. (If nonresident, give city or town and State)

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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 6

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

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) New Madrid Mo (STATE OR COUNTRY)

FATHER 13. NAME Colie Smithson 14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bessie Hayden 16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

17. INFORMANT Colie Smithson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL - PLACE Deposited DATE 1/26 1939

19. FUNERAL DIRECTOR (NAME) Wm. S. Kelly (ADDRESS) East Prairie Mo

20. FILED Jan 25-39 Wm. D. M. Hodge Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1939 to Jan 25 1939
 I last saw him alive on Jan 25 1939 Death is said to have occurred on the date stated above, at 10 W. 9. 39
 The principal cause of death and related causes of importance were as follows:
Diphtheria
 Date of onset

Other contributory causes of importance:

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 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) D. Martin, M. D.
 (Address) East Prairie 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 comply with the above constitutes grounds for revocation of license.)

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