

1850 APR 24 1939

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

10607
Do not use this space.

1. PLACE OF DEATH

(a) County Copier Registration District No. 221
 (b) Township Otterville Primary Registration District No. #137
 (c) City Otterville (d) Street No. _____ Registered 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 5.30 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 2 0

8. Trade, profession, or particular kind of work done, as 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) Otterville, Mo.

13. NAME Adam H. Smith

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

15. MAIDEN NAME Elizabeth Bass

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

17. INFORMANT (ADDRESS) Mrs. L. E. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville Mo DATE 3/10, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parke Funeral Service
Otterville, Mo

20. FILED 3/8 1939 W. H. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1939 to 3/7 1939
 I last saw him alive on 3/7 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Suplexus
11/2
 Other contributory causes of importance:
Pneumo Pneumonia

Date of onset
3/1/39
3/4/39

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, 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 _____ (Address) Otterville Mo
W. H. Cole, M. D.

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

27
4
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4/22/39
District Health Officer No. 8,
RECEIVED

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.....

myself
working under my personal supervision.

....., Registered Apprentice No.....

Signed *L. T. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville, Mo.*

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.