

WRITE PLAINLY, 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.

REC'D JUN 19 1939

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

Do not use this space.

18168

1. PLACE OF DEATH

County *Buller*
Township *Neely*
City _____

Registration District No. *88*
Primary Registration District No. *5130*

File No. _____
Registered No. *20*

2. FULL NAME

Oliver Smith

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1st 1867*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>71</i>	<i>4</i>	<i>20</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*
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) *unknown Ky.*

13. NAME *James Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Ky.*

15. MAIDEN NAME *Lucinda Dunk*

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

17. INFORMANT *Mrs. Wm Smith*
(ADDRESS) *Neelyville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Harris Ridge* DATE *5-21st* 19*39*

19. UNDERTAKER *Black's Mortuary*
(ADDRESS) *Cornus gro.*

20. FILED *5-21-39* 19*39* *offa do autopsied*
Registrar. *881* (Address) *Neelyville Ky*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 1st* 19*39*, to *May 1st* 19*39*

I last saw him alive on *May 1st* 19*39*. Death is said to have occurred on the date stated above, at *11 a.* m.

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

Sonnet of Liver

Date of onset _____

Other contributory causes of importance: *46*

Name of operation *Serology* Date of _____

What test confirmed diagnosis? *X* Was there an autopsy? *X*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *X* Date of injury *X* 19*39*

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *X*

If so, specify _____

(Signed) *J J J* _____, M. D.

(Address) *Neelyville Ky*

