

DEC 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 34
Township W. to Center Primary Registration District No. 6239
City Center (No. _____) St. _____ Ward _____

File No. 38907

Registered No. 23

2. FULL NAME

530
Samuel Freeman 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 1 yrs. 4 mos. 29 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 (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
1 4 29

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.
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) Center, Mo

13. NAME Samuel Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center, Mo

15. MAIDEN NAME Belma Ouellet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center, Mo

17. INFORMANT (ADDRESS) Samuel Smith
Center, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE 11-17-1939

19. UNDERTAKER (ADDRESS) Ed Barr
Center, Mo

20. FILED Nov. 17 1939 Mrs. H. P. Seary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1939 to Nov. 16 1939

I last saw him alive on Nov. 16 1939. Death is said

to have occurred on the date stated above, at 6:09 a.m.

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

Bronchopneumonia Date of onset Oct. 29, 1939

Other contributory causes of importance:

Name of operation _____ 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? no

If so, specify _____

(Signed) Max James Northcutt, M. D.

33 (Address) Chasselle, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2530

Date Filed DEC 7 1939

127a

closed 4/40
RM