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

PLACE OF DEATH

County Gentry

Township Cooper

or

Village

or

City (NO. St.; Ward)

Registration District No. 8 14

Primary Registration District No. 7229B

File No. 41117

Registered No. 42

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Clarence Guy Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	White	Single

DATE OF BIRTH: April (Month) 25 (Day) 1890 (Year)

AGE: 21 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road Service

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS

NAME OF FATHER R. A. Smith

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill

MAIDEN NAME OF MOTHER Elmina C. Rogers

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. A. Smith

(ADDRESS) Stanberry Mo

Filed Dec 13 1911. C. H. McCarlin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 10 (Day) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from May 10, 1911, to Oct. 12, 1911, that I last saw h[illegible] alive on Oct. 12, 1911, and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

2.23.12

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jas A. Crockett M. D.

Dec 12 1911 (Address) Stanberry, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
High Ridge cemetery	dec 11 1911
UNDERTAKER	ADDRESS
John Pennington	Stanberry Mo

Revised United States Standard Certificate of Death

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless im-

MISSOURI STATE BOARD OF HE[A]
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CERTIFICATE OF DEATH

PLACE OF DEATH

County...

Township .... Registration District No.......................... File No...........................

or

Village... Primary Registration District No.......................... Registered No..........................

or

City ....(NO.................., ...St.;....................Ward)

[If death occ[urred in a] hospital or i[nstitution] give its NAM[E instead] of street and n[umber]

FULL NAME...

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)	DATE OF DEATH ...., (Month) (Day)
DATE OF BIRTH ...., 1........ (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended decease[d from] ...., 191......, to..........................,
AGE ....yrs...............mos...............ds.		If LESS than 1 day,.....hrs. or.....min.?	that I last saw h.........alive on.........................., and that death occurred, on the date stated above, at..........
OCCUPATION (a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)			....
BIRTHPLACE (City or town, State or foreign country)			..................(Duration)..............yrs..............mos.
PARENTS: NAME OF FATHER			Contributory (SECONDARY)....................................
BIRTHPLACE OF FATHER (City or town, State or foreign country)			..................(Duration)..............yrs..............mos. (Signed)....................................
MAIDEN NAME OF MOTHER			.................., 191...... (Address)....................................
BIRTHPLACE OF MOTHER (City or town, State or foreign country)			*State the Disease Causing Death, or, in deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN[TS, OR] RECENT RESIDENTS) At place of death.......yrs.......mos.......ds. In the State.......yrs.......mos.
(Informant)....................................			Where was disease contracted if not at place of death?....................
(ADDRESS)....................................			Former or usual residence....................................
Filed ...., 191......, ... REGISTRAR			PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL ...., / UNDERTAKER / ADDRESS