1928

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

Do not use this space.

**1. PLACE OF DEATH**

County Pike — Registration District No. 684 — File No. 14372

Township Cuivre — Primary Registration District No. 4408 — Registered No. 18

City Bowling Green (No. ..... St. ..... Ward)

**2. FULL NAME** Oral Regnal 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. 2 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: M.
4. COLOR OR RACE: colord
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) Mar 20 1928

7. AGE: Years Mar. 2nd; Months One; Days 12; If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowling Green Mo
(STATE OR COUNTRY) Pike Co.

PARENTS

10. NAME OF FATHER Oran Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Eolia Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hulda Rohlinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co. Mo
(STATE OR COUNTRY)

14. INFORMANT ~~Mother~~ A.R. Smith
(Address) Bowling Green Mo

15. FILED 5/10, 1928 [signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: flu. Found Dead in Bed

NB

NB

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NO
DID AN OPERATION PRECEDE DEATH? NO. DATE OF .....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? NO

(Signed) C. W. Davis Coroner
, 19 (Address) Pike Co. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bowling Green Cem — DATE OF BURIAL: 4-14 1928

20. UNDERTAKER: Grace Bonkhead — ADDRESS: Bowling Green Mo

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