26 1928 A E Monroe

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

Do not use this space.

1. PLACE OF DEATH
County Pettis Co. Registration District No. 668 File No. 21486
Township Prairie Primary Registration District No. 5890 Registered No. 181
City (No. St. Ward)

2. FULL NAME Harold Emerson Smith
(a) Residence. No. Green Ridge Route 2 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 (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1928
7. AGE YEARS ✓ MONTHS ✓ DAYS 2 If LESS than 1 day, 4 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) Pettis Co
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Albert Eldon Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Gladis L Arnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo.
14. INFORMANT Albert Eldon Smith
(Address) Greenridge Mo. RR 2
15. FILED 6-13 1928 J.G. Lova REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928
17. I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 12, 1928 that I last saw him alive on June 12, 1928, and that death occurred, on the date stated above, at 10 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital inanition
Cause unknown
(Mother has Graves disease)
never nursed.
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) 160
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Alfred E Monroe, M. D
June 13, 1928 (Address) 111 W 4 Sedalia 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 Green Ridge Mo
DATE OF BURIAL 6/14 1928
20. UNDERTAKER McLaughlin Bros
ADDRESS Sedalia

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.