

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

Do not use this space.

9742

PLACE OF DEATH

County Butter

Registration District No. 89

File No. 43

Township

Primary Registration District No. 3007

Registered No. 43

City

Poplar Bluff

St.

Ward

2. FULL NAME

(a) Residence. No. Duncan Ave

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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 7, 1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

12

8

24

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)

Wells Springs

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

W.A. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark

12. MAIDEN NAME OF MOTHER

Edith Prince

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

W.A. Smith

(Address)

Poplar Bluff Mo

15. FILED

3/2

19

29

At

By

B. J. Blue

REGISTRAR

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3-1

19 29

17.

I HEREBY CERTIFY, That I attended deceased from

19

to

19

19

19

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19

19

19

19

19

19

that I last saw him alive on Feb 25, 1929, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

11A

107A

(duration)

Yrs.

mos.

da.

CONTRIBUTORY

(SECONDARY)

(duration)

Yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J.M. Garnett

M. D.

3/2

19

(Address)

Poplar Bluff, 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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

City Cem

-

3-1

19

29

Frank Wood Co

Poplar Bluff

Mo

3-1

19

29

29

29

29

29

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29

12
24
7
1
2
1

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.

