

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

JUN 26 1930

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

Do not use this space.
2026a

1. PLACE OF DEATH
 77 County New Madrid Registration District No. 55 File No. 8
 2 Township Gibson Primary Registration District No. 4033 Registered No. 857
 6 City Gibson (No.) St. Ward

2. FULL NAME Ira Smith
 (a) Residence. No. St. Ward

(Usual place of abode)
 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*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 14

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enfield Ill.

PARENTS

10. NAME OF FATHER Ira. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Adaline Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Enfield Ill.

14. INFORMANT E. L. Smith
 (Address) South Bend Ind.

15. FILE 1-30, 1930 M. D. Munnose REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1930 to Jan 30 1930 that I last saw him alive on Jan 27 1930 and that death occurred, on the date stated above, at 8:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2 3/4 (duration) 2 1/4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. ✓

0 DID AN OPERATION PRECEDE DEATH No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Homer Beall, M. D.
2-1, 1930 (Address) Malden

*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 Malden Mo. DATE OF BURIAL 2-1 1930

20. UNDERTAKER W. L. Craig ADDRESS Malden Mo

