

MAR 28 1930

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

Do not use this space.

5836

1. PLACE OF DEATH

County Newton  
Township Granby  
City Granby (No. \_\_\_\_\_)

Registration District No. 614  
Primary Registration District No. 4999

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Earnest 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. 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none 157  
(b) General nature of industry, business, or establishment in which employed (or employer) none 159  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN)

Granby Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER B. F. Smith

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

12. MAIDEN NAME OF MOTHER Nattie Finney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield Mo  
(STATE OR COUNTRY)

14. INFORMANT B. F. Smith

(Address) Granby Mo

15. FILED 3-15-1930 M. J. Palmer  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930, to Feb 15, 1930.  
that I last saw h. alive on Feb 15, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature birth  
failure of placenta  
due to clouse  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. 2 hrs.

CONTRIBUTORY (SECONDARY) 157A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. Roberts M. D.  
. 19 (Address) Granby 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 Granby Mo DATE OF BURIAL Feb 16 1930

20. UNDERTAKER Smith ADDRESS Granby Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

15  
2  
15

PARENTS

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