

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.

SLIP 22 1930

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

Do not use this space.

15333-A

1. PLACE OF DEATH

County Buchanan
Township
City Russville (No.)

Registration District No.
Primary Registration District No. 824

File No.
Registered No.
St. Ward)

2. FULL NAME

Orlando Lee 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>no wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 3 1872</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER A R Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Osburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Savannah Smith
(Address) Russville Mo

15. FILED 5-15-1930 L. F. Kingery
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1930
17. I HEREBY CERTIFY That I attended deceased from admission deceased after death 5-14-1930 that I last saw him alive on 5-14-1930, and that death occurred, on the date stated above, at 4-25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

82A
..... (duration) / yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 7401
..... (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?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. B. McAdams, M. D.
, 19 (Address) De Kalb 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 Russville Mo DATE OF BURIAL May 16 1930

20. UNDERTAKER Savin & Douglas ADDRESS Atkins Mo

7 par

