

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

Do not use this space.

15601

1. PLACE OF DEATH

County Chariton
Township Muskelesh
City (No.) (St.) (Ward

Registration District No. 175
Primary Registration District No. 5250

File No.
Registered No. 33

2. FULL NAME

Frank Edward 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-2 19 30

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

17. I HEREBY CERTIFY, That I attended deceased from 5-1-30 19... to 5-2-30 19... that I last saw him alive on 5-2-30 19... and that death occurred, on the date stated above, at 3:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-11-1917

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 21

Small boy
1 1/2 yrs one week (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Congenital Amyotonia
Since Birth (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

CO DID AN OPERATION PRECEDE DEATH? no DATE OF...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ralph W. Edwards, M.D.
5/2, 1930 (Address) Salisbury

*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 Muskelesh cem DATE OF BURIAL 5-2 19 30

20. UNDERTAKER Winkelmeier Bros ADDRESS Salisbury

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co.

10. NAME OF FATHER W.F. Smith

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

12. MAIDEN NAME OF MOTHER Hatter Horton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co.

14. INFORMANT W.F. Smith (Address) Muskelesh Mo

15. FILED 5/2, 1930 REGISTRAR

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

