SEP 21 1930

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

Do not use this space.

25839

1. PLACE OF DEATH
County Barton — Registration District No. 45 — File No.
Township Dolesport — Primary Registration District No. 5068 — Registered No.
City (No. St. Ward)

2. FULL NAME Orville M. 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) Aug. 28 - 1913

7. AGE: 16 YEARS, 11 MONTHS, 24 DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(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) Missouri

PARENTS
10. NAME OF FATHER Pete B. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lamar
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bessie Freeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT P. B. Smith
(Address) Lamar - Mo. Route 3

15. FILED 8-26, 1930 Harvey B Wilcox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18th, 1930, to Aug. 24th, 1930 that I last saw him alive on Aug. 24th, 1930 and that death occurred, on the date stated above, at 6.05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Polio. myelitis
16
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 22
(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) W. H. Popplewall, M. D.
8-25, 1930 (Address)

*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: Lake Cem. — DATE OF BURIAL: Aug. 26 1930

20. UNDERTAKER: E. W. Cross — ADDRESS: Lamar - Mo

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.