

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

Do not use this space.
20340

1. PLACE OF DEATH

County Lemmon
Township
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 124
St. _____ Ward _____

2. FULL NAME

Daniel Abner Smith

(a) Residence, No. Nevada mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston City, Missouri

13. NAME Edgar Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa, D.K.

15. MAIDEN NAME Anna C. O'P.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indonesian, D.K.

17. INFORMANT (ADDRESS) Mrs. Mary Berry Nevada mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemet DATE 5/26/1931

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada mo.

20. FILED 6/5/1931 E. P. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 / 25 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, m.

The principal cause of death and related causes of importance were as follows:

Drove truck on Railway track Street crossing struck by locomotive killed instantly Skull fracture

Other contributory causes of importance:

2. 1st
706

Name of Occupation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury 5/25, 1931

Where did injury occur? Nevada mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. E. Ferry Coroner
(Address) Nevada 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.

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

JUN 29 1931

