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

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.

SEP 22 1931

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

Do not use this space.

27926

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No.
Township Holcomb — Primary Registration District No. 5404 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jacob F. Smith
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Smothers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 14 July 1881
7. AGE: YEARS 50 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Mo

FATHER
13. NAME: Jacob F. Smothers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Mo~~ Tenn

MOTHER
15. MAIDEN NAME: Nancy Luckett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nat Knowen

17. INFORMANT (ADDRESS): A. F. Barnes,
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stanfield Cem DATE: Aug 18 1931
19. UNDERTAKER (ADDRESS): E. W. Landess Campbell Mo.
20. FILED: Aug 18 1931 J. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-17, 1931
22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1931, to 8-17, 1931
I last saw him alive on 8-17, 1931. Death is said to have occurred on the date stated above, at 12:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	9/10
38	1930
30	
71H	
Other contributory causes of importance:	
Malaria	8/15/31

38

Name of operation: none — Date of: —
What test confirmed diagnosis? none — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (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? No
If so, specify
(Signed) S. T. Smith, M. D.
(Address) Holcomb Mo.