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

Do not use this space.

29022

File No. .....

Registered No. 87

1. PLACE OF DEATH

County Gasconade

Township Cooper Creek

City Wardell (No. ....., ... St. ..... Ward)

Registration District No. 653

Primary Registration District No. 5865

2. FULL NAME Pearl Smith

(a) Residence, No. ..... Wardell 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) May 18 - 31

7. AGE: YEARS ..... MONTHS 4 DAYS 10 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. —

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) Wardell Mo

FATHER

13. NAME Lee Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Lina Hastings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE White Cemetery DATE 8-31- 1931

19. UNDERTAKER (ADDRESS) Bud Oetzner Wardell Mo.

20. FILED 8-31- 1930 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1931 to ....., 19....

I last saw him alive on Aug 28 1931. Death is said to have occurred on the date stated above, at 8 h ..... m.

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

	Date of onset
~~Condition~~	Don't
Colitis	Know
119B	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam 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? .....

If so, specify .....

(Signed) William H. Ely, M. D.

(Address) Hayti Mo