

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

Do not use this space.

30247

1. PLACE OF DEATH
County Scotland Registration District No. 810
Township Jefferson Primary Registration District No. 4488
City Memphis St. _____ Ward _____
2. FULL NAME Henry Albert 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.

File No. _____
Registered No. 46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21, 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. ____ min.
50 5 2
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock buyer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Scotland County
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jordan
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Viola Medham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY) _____

14. INFORMANT J. W. Smith
(Address) Memphis Mo.

15. FILED 9/21/31 C. E. Garrison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1931
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism due to chest injury

CONTRIBUTORY (SECONDARY) Auto Collision Near Mason City Iowa
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
(Did an operation precede death) no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Information
(Signed) A. E. Hatter M. D.
(Address) 1 Memphis, Mo.
*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 Memphis cemetery DATE OF BURIAL 8/25/31
UNDERTAKER H. W. Rayner ADDRESS Memphis

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 28 1931

PERMANENT RECORD

state boards

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scotland
Township _____
City Memphis (No. _____)

Registration District No. 810
Primary Registration District No. 4488

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Derry Albert 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

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

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 _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14.

INFORMANT (Address) _____

15.

FILED 10/7/31 C. E. Garrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1931

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Embolism due to chest injury

CONTRIBUTORY (duration) yrs. mos. da. Auto Collision near Mason City, Iowa

18. WHERE WAS DISEASE CONTRACTED Collision with another auto, both drivers in cars, no lights on, Drivers were not drunk.
IF NOT AT PLACE OF DEATH... DATE OF _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature], M. D.
, 19 (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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

RECORD THIS IS A VERNACULAR RECORD

PHYSICIANS, should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

information should be carefully supplied in plain terms, so that it may be properly understood.

PLAINLY, WITH UNFAIR INFORMATION

SUPPLEMENTARY

S-30247