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.

OCT 22 1931

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

Do not use this space.

1. PLACE OF DEATH
County Greene Registration District No. 318 File No. 31056
Township M. Campbell Primary Registration District No. 2459 Registered No. 672
City Springfield (No. R.F.D. #4 (T.B. Sanitarium) St. ..... Ward)

2. FULL NAME John E. Smith
(a) Residence, No. 942 College 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driving truck
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 Forest T. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Florence Zigler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Ida Smith Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 9-12 1931

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield Mo

20. FILED 9-11 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1931, to 9-10, 1931
I last saw him alive on 9/9, 1931. Death is said to have occurred on the date stated above, at 7 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
23A	
23	
Other contributory causes of importance:	
Laryngeal tuberculosis	3 mo.

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) John Williams Jr, M. D.
(Address) Springfield, Mo.