

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.

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

Do not use this space.

38519

1. PLACE OF DEATH

County Perniscot
Township Steele
City Steele (No. _____)

Registration District No. 655
Primary Registration District No. 4392

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

2. FULL NAME

Johnny Smith

(a) Residence, No. _____ St. _____ Ward _____
(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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS 3 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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. chief

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) Pinton miss

13. NAME Fred Smith

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

15. MAIDEN NAME Mrs Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark Miss

17. INFORMANT Jenna Jones (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Steele DATE Nov 9 1931

19. UNDERTAKER W.M. Gardner (ADDRESS) Countryside miss

20. FILED 127 1931 Max F. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1931

22. I HEREBY CERTIFY, That I attended deceased from 6 1931, to Nov 6 1931

I last saw him alive on Nov 6 1931. Death is said to have occurred on the date stated above, at P. m.

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

Malarial fever

Date of onset

Other contributory causes of importance:

Name of operation _____ 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 _____, 1931

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) J. W. McDaniel, M. D.

(Address) Steele, Mo.

