

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

Do not use this space.

7313

**1. PLACE OF DEATH**

6 County Warton  
Township Richland  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 1004  
Primary Registration District No. 5049

File No. 4  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Archie Ray 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 1900

7. AGE YEARS <u>31</u>	MONTHS <u>3</u>	DATE <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(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) Missouri

10. NAME OF FATHER Edward Smith

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

12. MAIDEN NAME OF MOTHER Mary Wilson

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

14. INFORMANT Mrs. Lena Smith  
(Address) Jasper Mo

15. FILED 3/29 1932 Jessie O. \_\_\_\_\_  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1932, to Mar. 27, 1932 that I last saw him alive on Mar. 27, 1932, and that death occurred, on the date stated above, at 8 - P - m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Solar Pneumonia  
108 / 108  
825 (duration) yrs. mos. 6 ds.  
CONTRIBUTORY Paralysis from Sumbor  
(SECONDARY) Spinal injury  
vertebrae down (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W.H. Knott, M. D.

328 - 1932 (Address) Jasper, Mo.

\*State the DISEASE CAUSING DEATH, or if 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 Sheffield Cem. DATE OF BURIAL Mar. 29 1932

20. UNDERTAKER Trester Bros ADDRESS Jasper Mo

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.

APR 23 1932

