

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.

APR 30 1932

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

Do not use this space.

11248

1. PLACE OF DEATH
 County Shannon Registration District No. 1077
 Township Carroll Primary Registration District No. 6083
 City Burnsville (No. _____) St. _____ Ward _____

2. FULL NAME Billie Eugenia 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>0</u>	<u>0</u>	<u>4</u>	<u>17</u>	<u>9</u>

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Shannon

FATHER

13. NAME William Eugene Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon, Mo.

MOTHER

15. MAIDEN NAME Martha Doolay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon, Mo.

17. INFORMANT William Turner
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cedar Valley DATE 3-22 1932

19. UNDERTAKER Bill Blew
(ADDRESS) _____

20. FILED 3-30 1932 L.H. Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1932, to 3-20 1932.
 I last saw her alive on 3-20 1932. Death is said to have occurred on the date stated above, at 7 P m.
 The principal cause of death and related causes of importance were as follows:
11B
11B
 Other contributory causes of importance: 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Tub 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) L.H. Walker, M. D.
 (Address) Burnsville, Mo.

