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.

15076

1. PLACE OF DEATH

107 County Texas — Registration District No. ~~864~~ 1077 — File No.

Township Carroll — Primary Registration District No. 6140 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Almond P Smith

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE 71 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

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) Hillsville Tenn.

PARENTS

10. NAME OF FATHER Bluford E Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) X 31

12. MAIDEN NAME OF MOTHER X

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

14. INFORMANT Ona Beasley
(Address) Summersville Mo

15. FILED June 4, 1932 L H Wallen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1932 to Apr. 23, 1932 that I last saw him alive on Apr. 23, 1932 and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11 B
132 A
130

Influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
Uremic convulsions, ... (duration) ..... yrs. ..... mos. 1¼ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. J. McKeeds, M. D.

, 19 (Address) Summersville

*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 Bethel Cemetery — DATE OF BURIAL April 24 1932

20. UNDERTAKER R. W. Day — ADDRESS Summersville