

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

Do not use this space.

15861

File No.
Registered No. 361
St. Ward)

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township 2 Primary Registration District No. 2001
5 City Springfield (No. 25659 Fremont)

2. FULL NAME

Garret Smith
(a) Residence, No. 2565-N-Fremont 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1904
7. AGE YEARS 28 MONTHS unknown 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. Porter 2nd
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) Springfield Mo

13. NAME Buster Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

15. MAIDEN NAME Lellia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Mary Smith 945 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Hagewood DATE May 19 - 1932

19. UNDERTAKER (ADDRESS) H. V. Smith 421-88 1st St

20. FILED 5/14 1932 Govt Mark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) - May - 12 - 1932
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him live on May 12 1932. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

Thrombosis left Pulmonary artery
111A
No Physician in attendance
Other contributory causes of importance:
111A

Name of operation (5) Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Murray C. Stone, Coroner, M. D.
(Address) Springfield, 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.

JUN 22 1932

OCCUPATION MOTHER FATHER

