

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

Do not use this space.

18818

**1. PLACE OF DEATH**

13 County Butler Registration District No. 89  
 2 Township Poplar Bluff Primary Registration District No. 3007  
 7 City Poplar Bluff (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles Lee Smith

(a) Residence, No. Brosley, Mo. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Mechanic  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 264  
 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) Brosley Mo.

13. NAME William A. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co. Ill.

15. MAIDEN NAME Nora J. Behrs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co. Ill.

17. INFORMANT Mrs. Nora Smith (ADDRESS) Brosley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mole Hill DATE June 10, 1932

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED Jan 11, 1932 D. J. Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, 19\_\_\_\_  
 I last saw him alive on June 9, 1932, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P.M.

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

95%  
Alcohol poison?  
 Other contributory causes of importance: (1)

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 \_\_\_\_\_, 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: J. W. Sherman, M. D.  
 (Signed) \_\_\_\_\_ (Address) \_\_\_\_\_

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.

21 1932

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

