

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

Do not use this space.

*Traden 20413*

**1. PLACE OF DEATH**

County *Pitts*

Registration District No. *668*

Township *Sedalia*

Primary Registration District No. *3037*

City *Sedalia* (No. *Bohmer Hosp*)

File No. \_\_\_\_\_

Registered No. *139*

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *425 E. Harvey* 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 *Elizabeth Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23 1898*

7. AGE YEARS *35* MONTHS *5* DAYS *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *mop B & B*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2905*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation *194*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO 111*

13. NAME *Frank Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO 0*

15. MAIDEN NAME *Betha Bailew*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO 1*

17. INFORMANT (ADDRESS) *Geo R Smith Sedalia MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Smythton* DATE *6/6 32*

19. UNDERTAKER (ADDRESS) *Tellispi Sedalia MO*

20. FILED *6-6*, 19*32* *JO. Love* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 1932*

22. I HEREBY CERTIFY that I attended deceased from *June 2* 19*32* to *June 4* 19*32*

I last saw him alive on *June 4 1932* Death is said to have occurred on the date stated above, at *7:15* p.m.

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

*Symbolism Pulmonary tuberculosis Cerebral of traumatic origin*

Other contributory causes of importance: *17410 1*

Name of operation *No. Chemical* 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 *6/2 1932*

Where did injury occur? *Place of employment* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Injury on the road while driving*

Nature of injury *fracture of the hip joint*

24. Was disease or injury in any way related to occupation of deceased? If so, specify *Was physician in charge of care*

(Signed) *P. B. Braden*, M. D.

(Address) *Sedalia 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.

24 1932

