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.

AUG 24 1932

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

Do not use this space.

22651

1. PLACE OF DEATH

45 County Howard — Registration District No. 380 — File No.

Township Franklin — Primary Registration District No. 5530 — Registered No. 14

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

2. FULL NAME Lenard Morton 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 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1932

7. AGE — YEARS: — MONTHS: 3 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Howard Co. Missouri

FATHER

13. NAME David Lee Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

MOTHER

15. MAIDEN NAME Florence Winningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

17. INFORMANT (ADDRESS) David Lee Smith New Franklin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Near New Franklin Mo DATE 7-17-1932

19. UNDERTAKER (ADDRESS) C. S. Duncan New Franklin, Mo

20. FILED 7-20-1932 J. B. Leet Per C.H. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to July 16, 1932

I last saw him alive on July 15, 1932. Death is said to have occurred on the date stated above, at 5:45 A.m.

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

	Date of onset
Bronchopneumonia	7-10-32
9	
107A	
Other contributory causes of importance: Pertussis	6-18-32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical course 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? no
If so, specify .....
(Signed) T C Beckett, M. D.
(Address) Boonville Mo