

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

Do not use this space.

38036

**1. PLACE OF DEATH**

County Scott Registration District No. 818  
Township Synoppey Primary Registration District No. 5762  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 100  
St. .... Ward

**2. FULL NAME**

Pink Sylvester Smith  
(a) Residence No. near Moonb Landing St. Scott Co. Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1868

| 7. AGE                | YEARS    | MONTHS   | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|-----------------------|----------|----------|------|--|
| <u>(64)</u> <u>64</u> | <u>5</u> | <u>7</u> |      |  |

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) Cape Girardeau Co. Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT John L. Smith  
(Address) R. #2 - Charleston Mo.

15. FILED Nov 25<sup>th</sup> 1932 J. O. Vermer  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/24 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 24<sup>th</sup>, 1932 to Nov 24<sup>th</sup>, 1932 that I last saw h. alive on Nov 24<sup>th</sup>, 1932 and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralytic stroke

(duration) 3 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ①

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Alma Shree M. D.  
Nov 26 1932 (Address) Charleston Mo.

\*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 DATE OF BURIAL

Bennett Mo. 1932

20. UNDERTAKER The Fair Funeral Co. 414 So. Fair ADDRESS 11/24/32

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. JAN 5 1933

