Dr Davis

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 28B — File No. 39099-1
Township Holcomb — Primary Registration District No. 417B — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eb 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1872

7. AGE — YEARS: 60 — MONTHS: 11 — DAYS: - — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dont Know

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Robert Wilson Holcomb Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pine City DATE 12/27 1932

19. UNDERTAKER (ADDRESS) Lutz Fun Co Kennett Mo

20. FILED Jan 7 1933 Wheeler Davis
J. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932, to Jan 1 Dec 26, 1933
I last saw him alive on Jan 1 Dec 26 1933 Death is said to have occurred on the date stated above, at 3 40 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

157A Broncho Pneumonia

Other contributory causes of importance: 1070

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 .....
(Signed) Wheeler Davis, M. D.
(Address) Kennett 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.

28 1933