

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

Do not use this space.

750

1. PLACE OF DEATH

27

County Wagoner, Palestine
Township Speed
City Speed (No.)

Registration District No. 219
Primary Registration District No. 3301

File No. 20
Registered No. 1
St. Ward)

2. FULL NAME

Robert Smith Jr.
(a) Residence, No. Speed 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 Colored 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 7

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

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) Long Elm, Speed Mo.

13. NAME Robert Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bel Air Mo.

15. MAIDEN NAME Anna Crump

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speed Mo.

17. INFORMANT Robert Smith (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Speed Mo DATE 1/11 19. 33

19. UNDERTAKER D. S. Williams (ADDRESS) 216 Morgan St

20. FILED 1-9 19. 33 Hattie P. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/33 19. 33

22. I HEREBY CERTIFY, That I attended deceased from 11/3 19. 33 to 11/9 19. 33

I last saw him alive on 11/7 19. 33. Death is said to have occurred on the date stated above, at 10.0 m.

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

Pneumonia
Bronchitis

Date of onset 11/3/33

Other contributory causes of importance: 10/17/33

Name of operation none Date of

What test confirmed diagnosis? 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?

If so, specify E. M. Allen (Signed), M. D.

(Address) Speed 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.

AGB should be stated EXACTLY. REVISIONS should be stated EXACTLY. REVISIONS should be stated EXACTLY.

Information should be carefully supplied.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper Registration District No. 219 File No.
Township Palestine Primary Registration District No. 5-301 Registered No.
City (No.) St. Ward (No.)

2. FULL NAME

Robert Smith St. Ward.
(a) Residence, No. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 -
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/9 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 - 1933
22. I HEREBY CERTIFY That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Date of onset

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

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 7-19 1933 Hatty P. Peltier Registrar

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) M. D.
(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-750