MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 24 1933

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

Do not use this space. 10455

1. PLACE OF DEATH
72 County New Madrid — Registration District No. 605 — File No.
Township Eokuo — Primary Registration District No. 5804 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joe 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1851-2-28

7. AGE — YEARS: 82 — MONTHS: 0 — DAYS: 9 — 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) Illinois

FATHER
13. NAME Unknown Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

17. INFORMANT (ADDRESS) John Smith Parma Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parma Cemetery DATE 3-8-1933

19. UNDERTAKER (ADDRESS) T C Knight Parma Mo

20. FILED Mar 7, 1933 Mrs C S Blackman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 4th, 1933, to March 7th, 1933
I last saw him alive on March 7th, 1933. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	3/3-33
107A	
106D	
107	

Other contributory causes of importance:

Bronchitis	2/24-33

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? No
If so, specify .....
(Signed) John Best, M. D.
(Address) Parma - Mo.