MAY 22 1933

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

Do not use this space.

12297

1. PLACE OF DEATH
County: Barton — Registration District No.: 40
Township: Lamar — Primary Registration District No.: 4024
City: Lamar (No. ..., St. ..., Ward)

File No.:
Registered No.: 15

2. FULL NAME: Thomas Branon Smiley

(a) Residence. No. ... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Texas A. Smiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 28 - 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	85	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atterville Mo

PARENTS
10. NAME OF FATHER: Augustus Smiley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo
12. MAIDEN NAME OF MOTHER: Catherine Sloan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

14. INFORMANT: T. B. Smiley
(Address): Lamar Mo.

15. FILED 4/10 1933 A. J. Bynum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 9th 1933

17. I HEREBY CERTIFY, That I attended deceased from March 31 1933 to April 9 1933 that I last saw him alive on April 7 1933 and that death occurred, on the date stated above, at 2-35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos 21 ds.

18. WHERE WAS DISEASE CONTRACTED? NA
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Duncan, M. D.
4/10 1933 (Address) Lamar 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
St James Cemetery	4/10 1933
20. UNDERTAKER: A. L. Rice	ADDRESS: Lamar Mo

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.