

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

Do not use this space.

22063

1. PLACE OF DEATH
 103 County Standard Registration District No. 836
 63 Township Liberty Primary Registration District No. 4307
 63 City Berne mo (No.) St. Ward)
 2. FULL NAME Eathel Smith
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 37
 Registered No. 32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-19-1905</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>9</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, hrs. or min.
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) <u>Leora MO</u>		
FATHER	13. NAME <u>John Goforth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leora mo</u>	
MOTHER	15. MAIDEN NAME <u>Barah Raew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leora MO</u>	
17. INFORMANT (ADDRESS) <u>Barah Reora Berne mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berne mo</u> DATE <u>6-29</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>B.M.H. Hopkins Berne mo</u>		
20. FILED <u>June 29 1933 Florence Allen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1933 to 6-28 1933
 I last saw him alive on 6-28 1933 Death is said to have occurred on the date stated above, at 6:00 m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
 Other contributory causes of importance: Vomiting due to
dry naurey

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) J. F. Riddle, M. D.
 (Address) Berne, Mo.

WRITE CLEARLY, 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.

AUG 20 1933

2035

