

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.

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

Do not use this space.

36327

1. PLACE OF DEATH

County Howard Co. Registration District No. 380  
Township Franklin Primary Registration District No. 5530  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 18

2. FULL NAME Forest Smith Jr

(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. da. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1 4 16

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) Howard Co. Mo

13. NAME Forest Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

15. MAIDEN NAME Rutha Dodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo

17. INFORMANT John Dodson  
(ADDRESS) Lawrence Mo. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sulphur Spring DATE 11/6/33, 1933

19. UNDERTAKER W. S. Dodson  
(ADDRESS) New Franklin Mo.

20. FILED 11-6-, 1933 W. S. Dodson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933, to Nov 3, 1933

I last saw him alive on Nov 3, 1933 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Broncho Pneumonia Date of onset Nov. 1, 1933

9

10/16

Other contributory causes of importance Pertussis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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? no

If so, specify W. S. Dodson, M. D.

(Signed) W. S. Dodson, M. D.  
(Address) New Franklin Mo

1964

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