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

Do not use this space.

8148

File No. .....

Registered No. 9

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: Cape Girardeau — Primary Registration District No. 5178

City: Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME: Jimmie L Smith

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

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): 3/29/34 —

7. AGE: Years ..... Months ..... Days ..... If less than 1 day, ... hrs. or 25 min.

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

9. BIRTHPLACE (CITY OR TOWN): Cape Girardeau, Mo
(STATE OR COUNTRY): Cape Girardeau, Mo

PARENTS

10. NAME OF FATHER: Alex Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fornfelt
(STATE OR COUNTRY): Cape Girardeau, Mo

12. MAIDEN NAME OF MOTHER: Viola Morey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cobden Ill
(STATE OR COUNTRY): .....

14. INFORMANT: Grover Smith
(Address): Fornfelt, Mo

15. FILED 3/29, 1934. J. M. Thompson L.P. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/29 — 1934

17. I HEREBY CERTIFY, That I attended deceased from 1:15 am to 4:40 am, 19..., to ..., 1934 that I last saw h. alive on 3/29 —, 1934, and that death occurred, on the date stated above, at 4:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature Delivery
6 1/2 mth
1577 (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY): Excellent v Very Comm
of Alveoli (duration) ..... yrs. ..... mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Fornfelt, Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Delivery

(Signed) John D Porterfield, M. D
, 19 (Address)

*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: Lightner Illinois Mo — DATE OF BURIAL: 3/29 1934

20. UNDERTAKER: R.C. Crowell — ADDRESS: Fornfelt Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.