

8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Wodaway
Township Union
City (No.)

Registration District No. 627
Primary Registration District No. 5879

File No. 43866
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Fakes Smith

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 - 1921</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>10</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>
	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) Pickering Mo
(STATE OR COUNTRY)

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) Pickering Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Frances Moon

16. BIRTHPLACE (CITY OR TOWN) Pickering Mo
(STATE OR COUNTRY)

17. INFORMANT Doyl Smith
(ADDRESS) Pickering Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pickering Mo DATE Dec 23 1934

19. UNDERTAKER Cummings Funeral Co
(ADDRESS) Waymire Mo

20. FILED 12/23 1934 Mrs. N. C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1934 to Dec 21 1934

I last saw him alive on Dec 21 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cerebral Hemorrhage
8214

Date of onset
Dec 21

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____

(Signed) Engene L. Lapaerian, M. D.
(Address) Pickering Mo

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.

