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.

APR 2 1935

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

Do not use this space.

7908

1. PLACE OF DEATH
County: Webster
Township: W. Benton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 901
Primary Registration District No. 6209

File No. .....
Registered No. 4

2. FULL NAME: Died unnamed

(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.

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): Feb. 17, 1935

7. AGE — YEARS: ..... MONTHS: ..... DAYS: ..... If LESS than 1 day, 16 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Rogersville Mo.

FATHER

13. NAME: Lodie James Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster County Mo.

MOTHER

15. MAIDEN NAME: Agnes Sturdevant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Rog~~ Webster Co. Mo.

17. INFORMANT (ADDRESS): Lodie Smith Rogersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: West Finley Ch. DATE: Feb 19, 1935

19. UNDERTAKER (ADDRESS): Kelley - Ferrell Rogersville

20. FILED: Feb 19, 1935 Nellie Atkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19..., to ....., 19...
I last saw him alive on Feb 18, 1935. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
died suddenly	

Other contributory causes of importance:

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) W. E. Atkins, M. D.
(Address) Rogersville, Mo