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

APR 16 1935

Do not use this space.

8439

1. PLACE OF DEATH
County Christian
Township Au Buton
City ..... (No. ..... St. ..... Ward)

Registration District No. 185
Primary Registration District No. 5260

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

2. FULL NAME Devina 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Christian Co. Mo.

FATHER
13. NAME Ben. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Emma Lorgy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Bernice Smith Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kissee Cem DATE Mar 29 1935

19. UNDERTAKER (ADDRESS) Kelley & Lovell Rogersville Mo

20. FILED 4-8, 1935 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 24, 1935, to Mch 27, 1935
I last saw him alive on Mch 27, 1935 Death is said to have occurred on the date stated above, at 10.30 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3-24-35

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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) E C Haile, M. D.
(Address) Rogersville Mo