Ramos

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

MAY 31 1935

Do not use this space.

13528

1. PLACE OF DEATH

County Macon — Registration District No. 533 — File No.

Township — Primary Registration District No. 3027 — Registered No. 55

City Macon (No. , St. Ward)

2. FULL NAME Joseph Derrayne 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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1934

7. AGE: YEARS — MONTHS 5 DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
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) Macon Mo

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

MOTHER
15. MAIDEN NAME Idella Grant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

17. INFORMANT (ADDRESS) Derrayne Smith Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant Cem DATE Apl 1935

19. UNDERTAKER (ADDRESS) Albert Skinner Macon Mo

20. FILED 4/12 1935 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 8, 1936
I last saw ~~him~~ alive on April, 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Intoxication from milk	
Other contributory causes of importance:	46

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) J. M. Ramos, M. D.
(Address) Macon 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.