

MAY 21 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County BooneRegistration District No. 75Township PerchiePrimary Registration District No. 5114

City (No. )

St. Ward)

## 2. FULL NAME

Emmett Turner Smith(a) Residence, No. Route 3 Columbia St. Mo. Ward.

(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)

Baby

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

Baby

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 30 1935

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

19

OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baby

## 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)

Boone Co. Mo.

## 13. NAME

T. A. Smith

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Boone Co. Mo.

## 15. MAIDEN NAME

EUNICE POE

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carroll Co. Mo.

## 17. INFORMANT (ADDRESS)

Tomie Smith

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Valley Springs DATE May 9 1935

## 19. UNDERTAKER (ADDRESS)

R. O. Willett Columbia

## 20. FILE

May 10 1935 Mrs. H. Yulett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 8<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 7, 1935, to May 8, 1935I last saw him alive on May 7<sup>th</sup>, 1935 Death is saidto have occurred on the date stated above, at 7: Am.

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

Bronchial Pneumonia Date of onset May 8

Other contributory causes of importance:

Influenza 11/2

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

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) Stephen D. Smith M. D.(Address) Columbia 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.

