

NOV 26 1935

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

Do not use this space.

33624

1. PLACE OF DEATH

County Phelps Registration District No. 677 File No. 107
Township Rolla Primary Registration District No. 4403 Registered No. 107
City Rolla No. _____ St. _____ Ward _____

2. FULL NAME Isaac Smart

(a) Residence, No. Rolla, #3 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Smart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1891 44

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 0 _____

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) Marion Co. Mo
(STATE OR COUNTRY)

FATHER
13. NAME John Smart

14. BIRTHPLACE (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Tiff

16. BIRTHPLACE (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

17. INFORMANT Amelia Overlease
(ADDRESS) Rolla, #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macedonia DATE 26, 1935, 19

19. UNDERTAKER Null and Son
(ADDRESS) Rolla, Mo

20. FILED Oct 25 - 1935 Jos. F. O'Byrne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935 19____ to Oct. 24, 1935, 19____
I last saw him alive on Oct. 24, 1935. Death is said to have occurred on the date stated above, at 1:55 p.m.

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

Tetanus following a compound fracture of the right femur, 13.00 hr. of bloody asphyxia was given at the time of injury
Date of onset 355

Name of operation Reduction of fracture Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

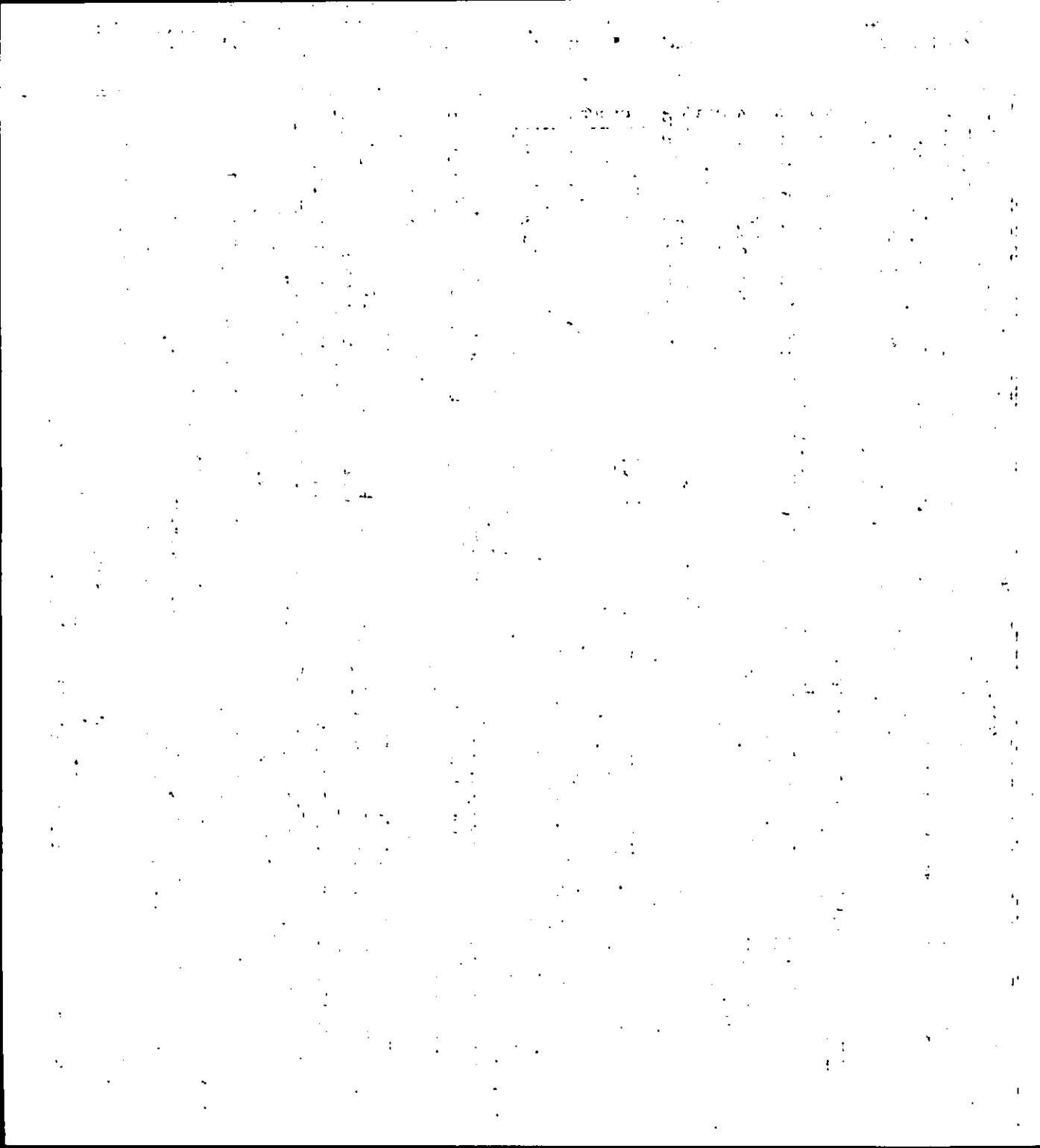
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

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) Arthur M. McDaniel, M. D.
(Address) Rolla 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.



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CERTIFICATE OF DEATH

ALL INFORMATION OBTAINED FROM THIS CERTIFICATE IS TO BE KEPT CONFIDENTIAL. Do not use this space.

1. PLACE OF DEATH

County Phelps Registration District No. 677 File No. _____
 Township _____ Primary Registration District No. 1403 Registered No. _____
 City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME

(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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>0</u>		
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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
19. UNDERTAKER (ADDRESS)	
20. FILED <u>Dec. 17</u> 19 <u>35</u> <u>Jo. F. Cyen</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Compound fracture of right femur Date of onset 7/15
Stipanus following a compound fracture of right femur, 1500
Stipanus antitoxen
was given at time of injury

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, assault or homicide _____ Date of injury 10-15, 1935
 Where did injury occur? Rolla, Mo.
 (Specify city or town, county, and State)
 Manner of injury In home of Bert Harvey
 Nature of injury Compound fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) _____, M. D.
 (Address) _____

SUPPLEMENT

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.

WHITE PLAINLY, WITH OUTLINES IN THIS TO

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