

FEB 20 1936

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

Do not use this space.

2136

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 549
Primary Registration District No. 3029
No. St. Elizabeth Hospital

File No.
Registered No. 36
St. Ward)

2. FULL NAME Edward O. Smith

(a) Residence, No. Route # 61, Hannibal St., Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 9 5

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

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) Stoutville Mo

13. NAME Barney Smith

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs. Anna Smith
Rt. # 61 Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbena Mo DATE 1/25/36 19.

19. UNDERTAKER (ADDRESS) James O'Donnell
Hannibal Mo

20. FILED Jan 25 19. 36 R. H. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 19 36

22. I HEREBY CERTIFY That I attended deceased from Jan 14, 19 36, to Jan 23, 19 36
I first saw him alive on Jan 23, 19 36. Death is said to have occurred on the date stated above, at 5 PM.
The principal cause of death and related causes of importance were as follows:

Shuntat mening-infection Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide, not determined. Date of injury Jan 14, 19 36
Where did injury occur? U. S. Highway @ Hannibal Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shuntat
Nature of injury soft tissue over skin & skin

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. H. White, M. D.
(Address) Hannibal 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.

