

JUN 23 1936

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

Do not use this space.

19817

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Patton Primary Registration District No. 2002
City Jasper (No. Freeman Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME

Charlie M. Smith

(a) Residence, No. 802 Porter Ave 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Sayrite Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1899</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>3</u>	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Commercial</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Artisan</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 23, 1936.
I last saw him alive on May 23, 1936 Death is said to have occurred on the date stated above, at 10³⁰ P.M.

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

Lobar pneumonia
100
Date of onset 5-22-36

Other contributory causes of importance:
Septicemia
Acute parenchymatous nephritis
4-7-36?
5-10-36?

Name of operation None Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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

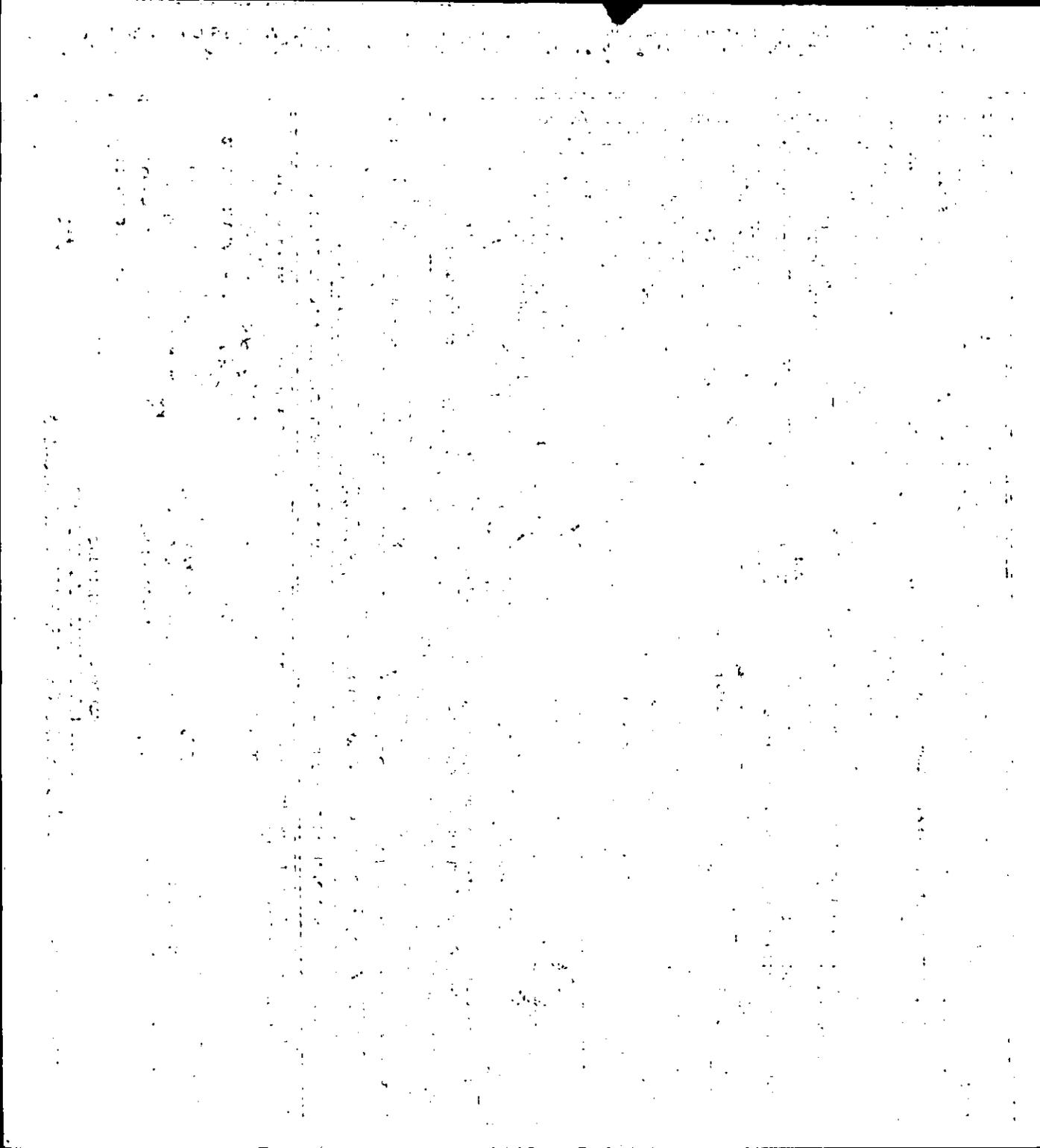
Nature of injury

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

(Signed) O. T. Blauk M. D.
(Address) 725 First Bldg, Jasper, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Charles Smith</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	15. MAIDEN NAME <u>Elizabeth Woodruff</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>Mrs Sayrite Smith</u> (ADDRESS) <u>802 Porter Ave</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Mt. Hope</u>	DATE <u>May 25, 1936</u>
19. UNDERTAKER <u>Frank Severs Co</u> (ADDRESS) <u>4th Wall Jasper Mo</u>	
20. FILED <u>5-25-1936</u> <u>Ed D. James</u> Registrar.	

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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1. PLACE OF DEATH

County Jasper

Registration District No. 411

Township

Primary Registration District No. 2002

City Joplin (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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. 39 3 10

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)

13. NAME

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__

19. UNDERTAKER (ADDRESS)

20. FILED 5-25, 1936 Ed D James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1936

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

I last saw him/her alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance:

Septicemia
Acute Parenchymatous nephritis
and Arteriosclerosis

Name of physician _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) O. J. Blauke, M. D.

(Address) 725 Eugene Kelly
Joplin 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.

SURRENDERED

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