

JUL 25 1936

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

Do not use this space. ✓

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 23953

Township Moberly

Primary Registration District No. 3034

Registered No. 146

City Moberly (No. ....) St. .... Ward)

2. FULL NAME Elias Smith

(a) Residence, No. 537 Franklin Ave St. .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13- 1868

7. AGE YEARS 68 MONTHS 3 DAYS 16 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. Farmer 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) Indiana

FATHER 13. NAME Jasper N. Smith

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

MOTHER 15. MAIDEN NAME Bettie Lee

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

17. INFORMANT Ben Smith (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE June 30-36

19. UNDERTAKER Snow Funeral Home (ADDRESS) Moberly, Mo.

20. FILED 6/30 1936 Virginia Walker (Address) Moberly, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY that I attended deceased from dead when called Carver, 19... I last saw him alive on ....., 19... Death is said to have occurred on the date stated above, at .....

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

Found dead in bed -  
Cause undetermined -

Other contributory causes of importance:  
He was very droopical  
Presumably a long disease  
that killed him.

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 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 Carver (Signed) Carver, M. D.

(Address) Moberly, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

