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.

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

BEP 8 1936

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

Do not use this space.
Yancy
26289

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: # — Primary Registration District No. 2001
City: Springfield, Mo. (No. Bapst Hosp. St. Ward),
File No.
Registered No. 645

2. FULL NAME Elbert Smith
(a) Residence, No. Star Route, Lebanon, Mo. 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1901

7. AGE — Years: ~~35~~ 34 — Months: 9 — Days: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Missouri

FATHER
13. NAME: J. S. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Hufft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): J. S. Smith, Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lebanon, Mo. DATE: 7/27/36, 19

19. UNDERTAKER (ADDRESS): Herman Lohmeyer Funeral Home, Springfield, Mo.

20. FILED 7-27-, 1936 Chas a George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 26, 1936
I last saw him alive on July 26, 1936. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Contusion, with intracranial pressure	July 25 1936
Other contributory causes of importance: Multiple Traumatic body contusions, Fracture of Clavicle	July 25 1936

Name of operation: None — 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? homicide — Date of injury 7/25/1936
Where did injury occur? Frisco track near Billings Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Battery from unknown man
Nature of injury: Severe body & head injuries

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

(Signed) Daniel L. Yancey M. D.
(Address) 500 Nallaff Bldg Springfield, Mo