

OCT 16 1936

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

Do not use this space.

37359

1. PLACE OF DEATH

County Greene  
Township Campbell  
City Springfield (No. ....)

Registration District No. 318  
Primary Registration District No. 2001

File No. ....  
Registered No. 830  
St. .... Ward)

2. FULL NAME

Drew L. Smith  
(a) Residence, No. 1626 College 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Oct 7, 1936.  
I last saw him alive on Oct 7, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1895

to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 — 13

fracture of 6th cervical vertebra of spine Date of onset

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

Hypertensive Pneumonia  
Other contributory causes of importance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) Sept 1936 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradleyville Mo

13. NAME E. E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo

15. MAIDEN NAME Parilee Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo

17. INFORMANT Lela Smith (ADDRESS) 1626 College city

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookline Cemetery Oct 9, 1936

19. UNDERTAKER Thos W. Tol (ADDRESS) 129 W Walnut

20. FILED 10/9, 1936 Registrar.

Name of operation None Date of .....  
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Sept 9, 1936  
Where did injury occur? Western St Road  
(Specify city or town, county, and State)

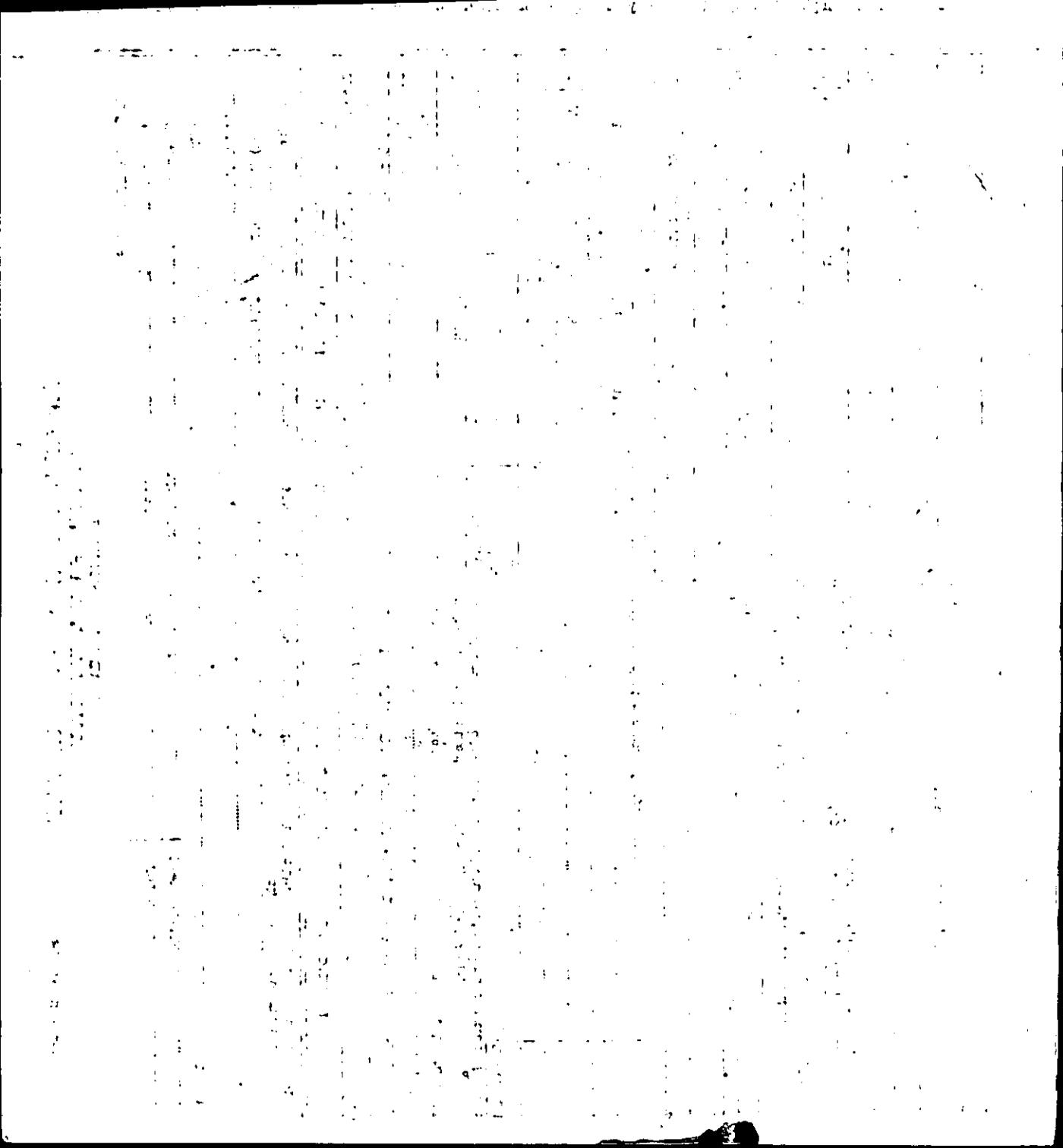
Specify whether injury occurred in industry, in home, or in public place. when working on 2nd track

Manner of injury fall  
Nature of injury fracture of spine

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

(Signed) U R Kerr M.P.  
(Address) 200 Madison St Springfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

Do not use this space.

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

File No. ....

Township Springfield

Primary Registration District No. 2001

Registered No. 8570

City Springfield No. ....

St. .... Ward)

**2. FULL NAME**

Drew L. Smith

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Mar

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.

41

-

13

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).....

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. UNDERTAKER (ADDRESS)

20. FILED

Nov 1 1936 Chas A George Registrar

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

Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from

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:

Date of onset

Other contributory causes of importance:

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 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)....., M. D.

(Address).....

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY

S-37389