

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.

Def FEB 16 1937

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

Do not use this space.

673

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. St. Marys Hosp) St. _____ Ward _____

2. FULL NAME Henry C. Smith
 (a) Residence, No. _____ 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)

File No. _____
 Registered No. 25 St. _____ Ward _____

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 Mrs. Eva Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September-17-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pacific R.R.
 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) Bonnots Mill, Mo.

MOTHER 13. NAME Sevier Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Elizabeth Cordry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT O. J. Smith (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonnots Mill, Mo DATE Jan-13-- 1936

19. UNDERTAKER (ADDRESS) Jefferson City, Mo

20. FILED 117-1137 Jefferson City, Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/7/1937, to 1/11/1937
 I last saw him alive on 1/10/1937 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Concussion of brain
 Injury to stomach & abdominal vessels due to fall.
 Date of onset 1/7/37

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical 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 1/7/1937
 Where did injury occur? Bonnots Mill, Mo. Pac. Co. 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 Struck by train
 Nature of injury Injury to brain & abdominal vessels

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. B. ... M. D.
 (Address) Jeff City, Mo

