

FEB 17 1937

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

Do not use this space.

1951

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 4 Ward

2. FULL NAME

Luther Eugene 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.

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) June 25, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 6 18

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) Warrensburg, MO.

13. NAME Luther Thomas Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson, Co. MO.

15. MAIDEN NAME Elith Bradshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. MO.

17. INFORMANT (ADDRESS) Luther Thos Smith, Warrensburg, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE Jan. 13, 1937

19. UNDERTAKER (ADDRESS) Wesley Phillips, Warrensburg, mo.

20. FILED Jan. 13, 1937 Eva Drenty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to Jan. 12, 1937. I last saw him alive on Jan. 12, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Pulmonary Tuberculosis
Probably contracted disease very early from Grandmother or aunt.
Other contributory causes of importance:

Date of onset

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) W. H. Hall, M. D.
(Address) Warrensburg, MO.

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

Harding.

1.30 P.M.