

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stearns
 Township Stearns
 City Stearns (No., St. Ward)

Registration District No. 314Primary Registration District No. 4190File No. 5871

Registered No.

2. FULL NAME

Bobby Jean 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

3. SEX

4. COLOR OR RACE

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

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.

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)

11. 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 Stearns DATE 2/26 1937

19. UNDERTAKER (ADDRESS)

20. FILED 2/24 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1937I HEREBY CERTIFY That I attended deceased from Feb 22, 1937 to Feb 24, 1937I last saw him alive on Feb 24, 1937 Death is saidto have occurred on the date stated above, at 8 P m.

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

Septicus neonatorum

Date of onset

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Feb 24, 1937Where did injury occur? Stearns (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury YesNature of injury Yes24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) F. J. Hunkley(Address) Stearns, Mo.

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.

Dr. J. J. Hunscey