

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.

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan Registration District No. 852 File No. 9152
 Township Polk Primary Registration District No. 6130 Registered No. _____
 City near Milan (No. _____) St. _____ Ward _____

2. FULL NAME

James Harold 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 1 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>4</u>	<u>12</u>	

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

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) Green City, Missouri
 (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME Harriet L. Smith

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Ruth Talishon

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
 (STATE OR COUNTRY) _____

17. INFORMANT Dorrie L. Smith
 (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cedarwood Cem. DATE Feb 13 1937

19. UNDERTAKER C. A. Schoerer
 (ADDRESS) Milan Mo

20. FILED Mar 6 1937 Geo Hagan
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I, HEREBY CERTIFY, That I attended deceased from Feb. 12 1937 to Feb. 12 1937
 I last saw him alive on Feb. 12 1937. Death is said to have occurred on the date stated above, at 5:30 pm.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia following sand probably caused by a cervical infection of unknown origin
 Date of onset four days ago

Other contributory causes of importance: _____
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. S. Montgomery, M. D.
 (Address) Milan Mo

