

APR 15 1937

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

Do not use this space.

11323

1. PLACE OF DEATH  
 County Butler Co Registration District No. 89  
 Township \_\_\_\_\_ Primary Registration District No. 3007  
 City Poplar Bluff (No. \_\_\_\_\_) (If nonresident, give city or town and State)  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leamond 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>22</u>	<u>10</u>	<u>26</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Bloomfield Mo.

FATHER  
 13. NAME W. H. Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Eva Bullinger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advanced Mo.

17. INFORMANT Mrs Paul Arnett  
 (ADDRESS) Memphis Tenn.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hopewell DATE Mar 3 1937

19. UNDERTAKER Green Funeral Service  
 (ADDRESS) Poplar Bluff Mo.

20. FILED 3/2 1937 Chetsinger  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1937 to March 1 1937  
 I last saw him alive on March 1 1937 Death is said to have occurred on the date stated above, at 1:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

brunichial pneumonia	Date of onset <u>2/22/37</u>
gangrenous appendix	<u>2/15/37</u>

Other contributory causes of importance: appendicitis

Name of operation appendectomy Date of 2/17/37  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? N.O.

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. L. Zualle, M. D.  
 (Address) Poplar Bluff, Missouri

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.

