

Exact statement of OCCUPATION is very important.

Do not use this space.

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

Dr. Whitaker
APR 22 1937

1. PLACE OF DEATH
 County Mississippi Registration District No. 077
 Township East Prairie Primary Registration District No. 4334
 City East Prairie (No. _____) St. _____ Ward _____

2. FULL NAME Robert Smith
 (a) Residence, No. East Prairie St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 12673
 Registered No. 257

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M **4. COLOR OR RACE** W **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) Nov. 18 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day
	<u>45</u>	<u>0</u>	<u>3</u>	hrs. or min.

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

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) Feb 1 - 1937 **11. Total time (years) spent in this occupation** 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Richard Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Annie Tolison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorena, Mo.

17. INFORMANT (ADDRESS) Rhodica Ellis, Charleston, Mo. Rt. 2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Smith Cemetery DATE Mar. 22 1937

19. UNDERTAKER (ADDRESS) Travis Shultz, East Prairie, Mo.

20. FILED Mar 29 1937 Duff M. Hodges Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from March 16 1937 to March 21 1937
 I last saw him alive on March 21 1937. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 (Date of onset _____)

Other contributory causes of importance 10
Bronchial Pneumonia

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) George W. Whitaker, M. D.
 (Address) East Prairie Mo

OCCUPATION

