

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 775File No. 28245Township PerryPrimary Registration District No. 6021-ARegistered No. 58City Bonne Terre(No. Bonne Terre Hospital)

St. _____ Ward)

2. FULL NAME

Thomas F. Smith(a) Residence. No. Flat River, Mo. St. _____ Ward. _____

(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

Male

4. COLOR OR RACE

W.

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

Child

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

child

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

Aug 13th 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

141119

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

School Boy

9. BIRTHPLACE (CITY OR TOWN)

Flat River

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

Emmett A. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Genevieve

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Ether Locke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Brenton

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Emmett A. SmithFlat River mo

15.

FILED 7-27-1937N. W. Hawkins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 25, 1937

17.

I HEREBY CERTIFY, That I attended deceased from

July 25, 1937, to July 25, 1937that I last saw him alive on July 25, 1937, and that death occurred, on the date stated above, at 11:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute endocarditis(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (SECONDARY)

Acute rheumatic fever(duration) _____ yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home (?)DID AN OPERATION PRECEDE DEATH? No. DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical exam.

(Signed)

H. M. Robber

M. D.

7/27/1937 (Address) Bonne Terre, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery
Flat River mo

DATE OF BURIAL

7-27-1937

20. UNDERTAKER

Baldwell Bros

ADDRESS

Flat River
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.

