SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
81 County Phelps
Township Dawson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 678
Primary Registration District No. 5905

File No. 31485
Registered No. .....

2. FULL NAME Luke 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: Male
4. COLOR OR RACE: white
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) 11-12-1895

7. AGE: YEARS 41 | MONTHS 8 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

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) 8-7-37
11. Total time (years) spent in this occupation 20 yr

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

FATHER
13. NAME Hash Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

MOTHER
15. MAIDEN NAME Eliza Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

17. INFORMANT (ADDRESS) Dona Smith St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dawson Cem DATE 8-10, 1937

19. UNDERTAKER (ADDRESS) W E Hickliter St James Mo

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accident	
bring shot in right Eye	
with 22 rifle By	
10 year boy	

Other contributory causes of importance: 184

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? Accident Date of injury 8-8, 1937
Where did injury occur? 4 mi north of St James
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot in Eye
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Oral Lickliter Coroner, ~~M.D.~~
(Address) St James 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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