

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

St.

Ward)

2. FULL NAME

(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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Lizzie C. Smith

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

Feb. 5 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

81

6

5-

OCCUPATION

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

Retired 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)

Buffalo Township
Pike Co. Mo.

FATHER

13. NAME

W. H. Smith

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

Va.

MOTHER

15. MAIDEN NAME

Ann McMillian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va.

17. INFORMANT

(ADDRESS)

Mrs Ned Smith
Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bowling Green

DATE

Aug. 11

1937

19. UNDERTAKER

(ADDRESS)

W. B. Elmore
Bowling Green Mo

20. FILED

8/10 1937

F. H. Hays
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-10

1937

22. I HEREBY CERTIFY, That I attended deceased from

May

1937, to

8-10

1937

I last saw him alive on

8-8

1937

Death is said

to have occurred on the date stated above, at 1. A. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy (abd.)

Date of onset

Other contributory causes of importance:

Leucidity 83

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)

J. H. McKeever

, M. D.

(Address)

Bowling Green Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

X704

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.

