

OCT 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jefferson  
Township Wells  
City De Soto (No. .... St. .... Ward)

Registration District No. 420  
Primary Registration District No. 3022

File No. 34545  
Registered No. ....

## 2. FULL NAME

(a) Residence, No. 827 Bayd 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) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
1

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

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) De Soto Mo

13. NAME Raymond G. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

15. MAIDEN NAME Maya Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Raymond G. Smith 827 Bayd

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Sept 3 1937

19. UNDERTAKER (ADDRESS) Donald H. Dittman De Soto Mo

20. FILED 10/9 1937 Jeneva Dornell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1937, to 9/2 1937

I last saw him alive on 9/2 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Premature Birth

about 7 mo

159

Other contributory causes of importance:

fall by mother

Date of onset

9/1/37

5/1/37

Name of operation none Date of ---  
What test confirmed diagnosis? --- Was there an autopsy? no

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) F. A. Elders, M. D.  
(Address) De Soto 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.

~~1936-1939~~  
~~1939-1943~~  
~~1943-1946~~  
~~1946-1949~~