

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.

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Osage
City (No.) St. Ward)

Registration District No. 605
Primary Registration District No. 4259

File No. 34862

Registered No.

2. FULL NAME

Baby 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

S

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

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

Sept 7-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, 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)

Mo

FATHER

13. NAME

James H. Smith

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

Ark

MOTHER

15. MAIDEN NAME

Charlott McLike

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

Ark

17. INFORMANT (ADDRESS)

James H. Smith

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home garden DATE 9-7 1937

19. UNDERTAKER (ADDRESS)

none

20. FILED

Sept 7, 1937 Dr. G. W. Kinard
Registrar

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

9-7-1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1937, to Sept 7, 1937

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:

Still born

Date of onset

Other contributory causes of importance:

Name of operation Date of Mo

What test confirmed diagnosis Clinical Was there an autopsy? Mo

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) Dr. G. W. Kinard, M. D.

(Address) Osage

