

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Richland Primary Registration District No. 6070
City (No.) St. Ward

File No. 35454
Registered No. _____

2. FULL NAME Dallas Norman 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>1</u>	<u>2</u>	<u>27</u>	

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

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) Union Co., Ill.

13. NAME LeRoy Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna, Ill.

15. MAIDEN NAME Dorothy Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saco, Ill.

17. INFORMANT LeRoy Smith-Morley, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna, Ill. DATE Sept. 10, 1937

19. UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston, Mo.

20. FILED 10-7 1937 H. J. Welsh
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9-37, 19....., to Sept 9-37, 19.....

I last saw him alive on Sept 9-37, 19..... Death is said

to have occurred on the date stated above, at 3 P. m.

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

Acute Antimalarial malaria Date of onset Sept 7

Other contributory causes of importance: 38

Name of operation _____ Date of _____

What test confirmed diagnosis? Antimalarial 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) Howard M. Kendig, M. D.

(Address) Sikeston, 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.

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