

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

Do not use this space.

NOV 19 1937

1. PLACE OF DEATH

Country France
Township
City Marceline (No.)

Registration District No. 502
Primary Registration District No. 4305

File No. 38127
Registered No. 53
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.

Robert Wayne Smoot

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1937 to Oct 29 1937. I last saw him alive on Oct 29 1937. Death is said to have occurred on the date stated above, at 11:30 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 5 21

Date of onset

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

Dysentery and inattention

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: Impoverished food supplies

12. BIRTHPLACE (CITY OR TOWN) Marceline (STATE OR COUNTRY) mo

13. NAME Clarence Smoot

14. BIRTHPLACE (CITY OR TOWN) Callao (STATE OR COUNTRY) no

15. MAIDEN NAME Russell Morton

16. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) no

17. INFORMANT Mrs Russell Smoot (ADDRESS) Marceline mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Oct 29 1937

19. UNDERTAKER Jas M Laughlin (ADDRESS) Marceline mo

20. FILED 10/28 1937 Oliver Barrett Registrar.

Name of operation 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) V. J. Patrick M. D.

(Address) Marceline mo

Occupation is very important. Exact statement of occupation is very important. Exact statement of property measured.

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