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.

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Shelby
Township Black Creek
City Shelbyville (No. ..... St. ..... Ward)
Registration District No. 831
Primary Registration District No. 4504
File No. 46920
Registered No. .....

2. FULL NAME Edward Mason Smoot
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Smoot
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16-1879
7. AGE: YEARS 58 | MONTHS 2 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Shelby Co. Mo.

FATHER
13. NAME: J. J. Smoot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co Mo

MOTHER
15. MAIDEN NAME: Mary Walker Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co Mo

17. INFORMANT (ADDRESS): Mrs. Pearl Smoot Shelbyville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: I. O. A. R. Cemetery DATE: Dec-22 1937
19. UNDERTAKER (ADDRESS): E. P. Hiantsoon Shelbyville, Mo.
20. FILED: Dec 22 1937 Pearl Gae
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-20-1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to Dec 20, 1937
I last saw him alive on Dec 20, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia fever	Dec 13

Other contributory causes of importance: 108

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) H. Jy. Lefevre, M. D.
(Address) Shelbyville Mo.