

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

Do not use this space.

1. PLACE OF DEATH
 49 County Jasper Registration District No. H13 File No. 3141
 5 Township Merical Primary Registration District No. 5559C Registered No. 2
 2 City W.B. Capital (No.) St. Jasper Ward ()

2. FULL NAME Benjamin Smith 530
 (a) Residence, No. 404 St. Corthage Ward. Corthage
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Smith

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1938
 22. I HEREBY CERTIFY that I attended deceased from Feb 15 1929, to Jan 8 1938
 I last saw him alive on Jan 7 1938 Death is said to have occurred on the date stated above, at 2:35 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13-1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 25

Date of onset
Siles P. tuberculosis
 Other contributory causes of importance: 2

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

Name of operation None Date of
 What test confirmed diagnosis Bas. spec Was there an autopsy? No

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo
 13. NAME Ed. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 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.

MOTHER
 15. MAIDEN NAME Alice Edwors
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tangland

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Miner
 (Signed) James B. Daugland, M. D.
 Registrar. 37 (Address) St. Louis

17. INFORMANT (ADDRESS) Records
 18. BURIAL, CREMATION, OR REMOVAL PLACE Corthage DATE 1/8 38
 19. UNDERTAKER (ADDRESS) Blum Drake Corthage
 20. FILED 1-10 1938 Harry A. Weaver Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH