

REC'D MAR 24 1938

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

6757

Do not use this space.

116

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. \_\_\_\_\_  
 (c) City Springfield, Mo. (d) Street No. 327 W. Brower \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James E. Smith 530  
 (a) Residence, No. 327 E. Brower \_\_\_\_\_ St.  \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Annia I Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 69 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer  
 9. Industry or business in which work was done, as 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) Springfield 0  
 (STATE OR COUNTRY) Missouri 4

FATHER 13. NAME David Smith 4

14. BIRTHPLACE (CITY OR TOWN) Scotland 4  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Fulton

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

17. INFORMANT Mrs. Joe Healey  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hazelwood DATE Feb. 7 1938

19. FUNERAL DIRECTOR H.H. Lohmeyer Funeral Home  
 (ADDRESS) Springfield, Mo.

20. FILED Feb 7 1938 Chas. A. Georgetown  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9<sup>th</sup> 1938, to Feb 5<sup>th</sup> 1938

I last saw him alive on Feb 5<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 6-47 m.

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

Neuritis  
Multiple Arteries following  
attack of influenza  
Paralysis of both arms and  
legs gradually followed

Date of onset

Other contributory causes of importance: 112 -  
Feb 25 developed an acute  
attack of influenza,  
influenza was primary cause  
of death.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1938

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) E. L. Evans, M. D.

(Address) Springfield, Mo.

MAR 6 1951

STATEMENT BY LICENSED EMBALMER

I, Walter E Hamiller, Licensed Embalmer No. 3808

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. 3808 or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Walter E Hamiller

Licensed Embalmer No. 3808

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)