

REC'D APR 21 1938

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

Do not use this space.

11633

1. PLACE OF DEATH

74 County Madaway

Registration District No. 626

Township Parnell

Primary Registration District No. 5-8-2-8

City Parnell No. 4376

File No. _____

Registered No. _____

2. FULL NAME Riley David Smith 580

(a) Residence, No. Parnell St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1874

7. AGE YEARS 63 MONTHS 5 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) 3-12-1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Harrison Co (STATE OR COUNTRY) Missouri

13. NAME Ellis Smith

14. BIRTHPLACE (CITY OR TOWN) York State (STATE OR COUNTRY) _____

15. MAIDEN NAME Charlet Kidwell

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

17. INFORMANT Henry Smith (ADDRESS) Parnell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassant Hill DATE 3-28 1938

19. UNDERTAKER J. Edgar Johnson (ADDRESS) St. Louis Mo.

20. FILED Apr. 11 1938 Malcolm F. Kennedy Registrar. 557

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936, to Mar. 27, 1938

I last saw him alive on Mar. 26, 1938. Death is said to have occurred on the date stated above, at 7 a. m.

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

Bronchial Pneumonia Date of onset Mar 20

Other contributory causes of importance: High Blood pressure
Valvular Heart and
Dropsy

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) Egbert Crowson, M. D.
Parnell Mo (Address)

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.

