

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.

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Asheville
Township Salt River
City Mexico MO (No. 2)

Registration District No. 26
Primary Registration District No. 3002

File No. 13915
Registered No. 59
St. _____ Ward _____

2. FULL NAME Baby Smith (unnamed)

(a) Residence, No. Mexico, MO 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
now

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. } nil.
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) Mexico MO

FATHER 13. NAME Earl T. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris MO

MOTHER 15. MAIDEN NAME Ola Opal Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon MO

17. INFORMANT Father Earl T. Smith
(ADDRESS) Mexico MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris MO DATE 4-16-38

19. UNDERTAKER Disposed by Family
(ADDRESS) Mexico MO

20. FILED 4-16-38 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19____
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Stillborn
(Cause predetermined)

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

22. 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?
If so, specify _____
(Signed) H. C. Drashner, M. D.

23 (Address) Mexico MO

