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.

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REC'D MAY 24 1938

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

15975
Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler — Registration District No. 804
(b) Township Salt River — Primary Registration District No. 6049 — Registered No.
(c) City Greentop Mo, — (d) Street No. ..... 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 Thomas Jefferson Smith 530
(a) Residence, No. Greentop Mo, St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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: Alice Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1857
7. AGE: YEARS 80 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret Farmer
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) (STATE OR COUNTRY): Schuyler Co, Mo, U 9

FATHER
13. NAME: John Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known 9

MOTHER
15. MAIDEN NAME: Elizabeth Ettlner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Dick Smith, Queencity Mo,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Greentop Cem- DATE: Apr 20 1938
19. FUNERAL DIRECTOR (ADDRESS): William N. West, Queencity Mo,
20. FILED: 4/18 1938 Mrs O P Farrington, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1938, to April 18 1938
I last saw him alive on April 17 1938 Death is said to have occurred on the date stated above, at 5:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
8241	

Other contributory causes of importance:

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 ....., 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? 20
If so, specify .....
(Signed) C H Van Oudol 3° D.O., M. D.
(Address) Greentop Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm. H. West, Licensed Embalmer No. 2882

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)