REC'D JUL 17 1938

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

Do not use this space.

22166

1. PLACE OF DEATH
County: Jasper
Township: Webb City
City: Webb City (No. Jasper Co. 1 2 Rd St., Ward)
Registration District No.: 413
Primary Registration District No.: 5879
File No.
Registered No.: 36

2. FULL NAME: Roscoe Smith 530
(a) Residence, No. 2414 Murphy St., Ward. Joplin Mo
(Usual place of abode) (If nonresident, give city of 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2 1897

7. AGE: Years 41 Months 5 Days 19 If LESS than 1 day, ...hrs. or ....min.

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.: Lead & zinc Mine
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): Joplin, Mo

FATHER
13. NAME: Ed Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sadie Holliday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Park DATE: 6-28-38

19. UNDERTAKER (ADDRESS): Hulbert Funeral Co Joplin Mo

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 20, 1938.
I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Silicosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? 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? yes
If so, specify: Miner
(Signed) W. M. Linn, M. D.
(Address) 374 Joplin, Mo

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH
   (a) County Jasper — Registration District No. 413
   (b) Township Mineral — Primary Registration District No. 4559 C — Registered No. 36
   (c) City ..... (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 Roscoe Smith
   (a) Residence, No. ..... 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: Iola Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2 1897

7. AGE: YEARS 41 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: mine
9. Industry or business in which work was done, as saw mill, bank, etc.: Lead & Zinc mines
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): Joplin Mo

FATHER
13. NAME: Ed Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sadie Holliday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE 6-23 1938

19. FUNERAL DIRECTOR (ADDRESS): Hulbert Mdt Co Joplin Mo

20. FILED July 1 1938 Harry A. Weaver Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13 1938, to June 20, 1938
I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 11-45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Siliconis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed dis[illegible] Sputum - X Ray 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? yes
If so, specify .....
(Signed) Wm Kinney, M. D.
(Address) Joplin Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW