

AUG 24 1938

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

25492
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 1110
(b) Township Siloam Springs Primary Registration District No. 2541 Registered No. 2
(c) City (d) Street No.
(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

Noah Smith
(a) Residence, No. Dora, Missouri 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 Eunice Alsup
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
27 10 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Dora, Missouri
13. NAME E. Z. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co., Missouri
15. MAIDEN NAME Nancy Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co., Missouri
17. INFORMANT A. L. Smith (Bro) (ADDRESS) Dora, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Dora, Mo. DATE July 6, 1938
19. FUNERAL DIRECTOR None (ADDRESS)
20. FILED 7-7 1938 Miss Gladys Foster Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... 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:
Accident Date of onset
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? Accident Date of injury July 4, 1938
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place - Highway 14
Manner of injury... Thrown from running board against truck after collision
Nature of injury skull fracture
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Thayne G. Thornburgh (Signed) West Plains, Cooper Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

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.)