

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25889
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 309
 (c) City Hannibal (d) Street No. Clear Creek 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 Gerald Smith 530

(a) Residence, No. 2701 Entrance Ave 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) Student

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 7 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Hannibal Mo.

FATHER 13. NAME John W. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

MOTHER 15. MAIDEN NAME Lucille Silver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

17. INFORMANT (ADDRESS) Mr. John W. Smith
2701 Entrance Ave. Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cen. DATE July 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) James O. Dornell
Hannibal Mo.

20. FILED July 19, 1938 H. C. Greiner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 1st - 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 3:45 P.M.

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

Accidental Drowning while swimming in Clear Creek, Marion County. Date of onset

Other contributory causes of importance: 183'

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? Accident Date of injury 7-1, 1938

Where did injury occur? Marion County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 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) James O. Dornell M. D.

(Address) Hannibal, Mo.
401 corner 3rd & Marion County, Mo.

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 AUG 25 1938

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STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Connell, Licensed Embalmer No. 3246

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 Michael J. O'Connell (45,07
12A)

Licensed Embalmer No. 3246

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.)