REC'D AUG 25 1938

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

Do not use this space.

25985

1. PLACE OF DEATH
County Morgan — Registration District No. 598 — File No.
Township [illegible] — Primary Registration District No. 4355 — Registered No. 30
City Versailles (No. , St. Ward)

2. FULL NAME Marcel James Smith 530
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1937

7. AGE: YEARS 1 — MONTHS 3 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

FATHER
13. NAME Bernard E. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dak

MOTHER
15. MAIDEN NAME Christiana E. Wingert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Sioux~~ Sioux City, I

17. INFORMANT (ADDRESS) Bernard E. Smith Barnett

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell Ceme. DATE , 19

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo

20. FILED July 22, 1938 Will F. Berry Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY That I attended deceased from July 10, 1938, to July 12, 1938. I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	7/10/38

Other contributory causes of importance: 11 A.M.

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?
If so, specify
(Signed) W. G. Gunn, M. D.
(Address) Versailles Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-[illegible]-35