

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

26011

Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 5-5

(b) Township Coopers Primary Registration District No. 6262

(c) City Cooper (d) Street No. _____

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

How long in U. S., if of foreign birth? _____ yrs. moa. ds.

2. PRINT FULL NAME Ralph Oles Smith 5

(a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1937

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unpaid

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1938 to June 17 1938

I last saw him alive on Friday 17 1938 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:

Cholera

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER

13. NAME Ralph Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER

15. MAIDEN NAME Johnnie Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Ralph Smith Cooper MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmer DATE June 21 1938

19. FUNERAL DIRECTOR (ADDRESS) J. C. Knight Farmer MO

20. FILED Aug 10 1938 M. O. Morrison Local Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) R. O. Green, M. D.

(Address) Cooper 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... 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.)