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.

DEC'D AUG 26 1938

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Dexter (No. ..... , ... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 4509

File No. 26652
Registered No. .....

2. FULL NAME Lowell Eugene Smith 533

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	6	9	

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter, Mo.

FATHER
13. NAME Charley Lewis Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter, Mo.

MOTHER
15. MAIDEN NAME Bertha May Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) C. L. Smith, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagy Cem. DATE 6/17/38, 19

19. UNDERTAKER (ADDRESS) Blankenship-Strickland Dexter, Mo.

20. FILED 8/10 1938 Margaret Boone Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 14, 1938
I last saw him alive on June 16, 1938 Death is said to have occurred on the date stated above, at 7:45 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Double Lobar	

Other contributory causes of importance:
Enteric Colitis

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) Dr S S Davis, M. D.
(Address) Dexter Mo