

REC'D OCT 18 1938

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

31547  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Adair Registration District No. 4  
 (b) Township Benton Primary Registration District No. 3001 Registered No. 166  
 (c) City Kirksville (d) Street No. Grim-Smith Hospital and Clinic 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NOBLE C. SMITH 536  
 (a) Residence, No. Livonia, Missouri, R. F. D. 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 Viola B. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>44</u>	<u>5</u>	<u>23</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant owner  
 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) September 4, 1938  
 11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croton, Iowa.

FATHER  
 13. NAME Simon Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER  
 15. MAIDEN NAME Carrie Rasmussen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Mrs. Bessie Ward, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Sept. 13, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Husted & Son Unionville, Mo.

20. FILED Sept. 13, 1938 Spencer L. Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 19 38 to Sept. 13 19 38  
 I last saw him alive on Sept. 13 19 38 Death is said to have occurred on the date stated above, at 12:05 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Hemolytic Streptococcic septicemia Date of onset 9-4-38  
1859  
 Other contributory causes of importance:  
Infection second finger left hand 8-22-88

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Acc. Date of injury 8-22 19 38  
 Where did injury occur? Hartford, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. industry

Manner of injury Cut finger on bottle  
 Nature of injury Infected wound

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify He opened bottles in Cafe  
 (Signed) E. S. Barber Smith, M. D.  
 (Address) Kirksville, Missouri.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-211

Date Filed 10-11-38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**