

REC'D NOV 15 1938

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

35537

Do not use this space.

## 1. PLACE OF DEATH

(a) County Daviess <sup>2</sup> Registration District No. 249  
(b) Township Liberty <sup>1</sup> Primary Registration District No. 5344 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis Smith

(a) Residence, No. Daviess County, Mo. 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 Bessie Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79 10 1  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Harness Maker  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 10 Yrs  
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Iowa 1

FATHER 13. NAME Jacob Smith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9  
Iowa

MOTHER 15. MAIDEN NAME Unknown 7  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lewis Smith  
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brown Cemetery DATE Sept. 5, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co  
(ADDRESS) Gallatin, Mo.

20. FILED 9-23 19 38 Miss J L Reich  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to Sept. 4, 1938  
I last saw him alive on Sept. 4, 1938. Death is said to have occurred on the date stated above, at 4:45 PM  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 9/4/38

Other contributory causes of importance Arterio-sclerosis of eye

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_  
(Signed) M. A. Smith, M. D.

(Address) Gallatin, Mo.

**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, .....

L. O. Richesson .....

or by .....

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

Signed



Licensed Embalmer No. 3302 .....

P. O. Address Gallatin, Mo. .....

**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.**