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.

X7044

APR 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Scott
Township Sylvania
City Oran (No. ..... St. ..... Ward)
Registration District No. 820
Primary Registration District No. 4496
File No. 12484
Registered No. .....

2. FULL NAME Henry Belford Smith
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-4-1857
7. AGE: YEARS 81, MONTHS 11, DAYS 4. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired Farmer
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): Dont know

FATHER
13. NAME: Alfred Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lowndes Mo

MOTHER
15. MAIDEN NAME: Eda Meadows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): Mrs Fred Sturgeon
18. BURIAL, CREMATION, OR REMOVAL: PLACE Greenville Wayne County DATE 3/18, 1939
19. UNDERTAKER (ADDRESS): T. S. Kesserer & Co. Oran Mo.
20. FILED 4-10, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 10/7, 1938, to 3/4, 1939
I last saw him alive on 3/3, 1939. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1938?

Other contributory causes of importance: —

Name of operation ..... Date of .....
What test confirmed diagnosis? X 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? No
If so, specify .....
(Signed) J. A. Clem, M. D.
(Address) Oran Mo