

REC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County Howell Registration District No. 385 File No. 15046  
Township Willow Springs Primary Registration District No. 4FB6 Registered No. \_\_\_\_\_  
City Rural (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

530 Webster Heal 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-6-'39</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Mar Willow Springs Mo.</u>		
13. NAME <u>Heal Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willow Springs Mo.</u>		
15. MAIDEN NAME <u>Lillian Summers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willow Springs Mo.</u>		
17. INFORMANT (ADDRESS) <u>Heal Smith Willow Spgs, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery - W.S.</u> DATE <u>April 11, 1939</u>		
19. UNDERTAKER (ADDRESS) <u>J. Burns Willow Springs, Mo.</u>		
20. FILED <u>4-11-39</u> <u>Nanette Ferguson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-3-1939 to 4-9-1939  
I last saw h. a. alive on 4-9-1939. Death is said to have occurred on the date stated above, at 4:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Icterus of the Newborn Date of onset 6-3-39

Other contributory causes of importance: 161 B

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? \_\_\_\_\_ 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) E. J. Callahan, M. D.  
385 (Address) Willow Springs, Mo.

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.

