

JUL 11 1938

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

Do not use this space.

21588

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 625  
Ward \_\_\_\_\_

2. FULL NAME

Infant son of Charles L. Smith  
(a) Residence, No. Faucett, Mo. St. Faucett Mo. 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) June 19, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) Buchanan County (STATE OR COUNTRY) Mo.

13. NAME Charles L. Smith

14. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Frances Yates

16. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

17. INFORMANT T. A. Sullivan (ADDRESS) Lawer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Center DATE June 20, 1938

19. UNDERTAKER T. A. Sullivan (ADDRESS) Lawer, Mo.

20. FILED 4/20 1938 J. M. Nestlebuch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw \_\_\_\_\_ St. Joseph, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:29 P. m.

The principal cause of death and related causes of importance were as follows:

Intrauterine Asphyxia  
Placenta Praevia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following  
Accident, suicide, or homicide? no 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) Maxwell Day, M. D.  
(Address) 214 W. 7th St. Joseph 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.

WHILE Y-CAMNET, WITH IMPADING INK—THIS IS A PERMANENT RECORD

X704

Prepared by H. A. Sullins Gower, Md.

License number 1738

H. A. Sullins