

ISS'D JUL 17 1939

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

22955

Do not use this space.

1. PLACE OF DEATH  
(a) County Phelps 2 Registration District No. 677  
(b) Township Reel 1 Primary Registration District No. 4403 Registered No. 68  
(c) City Reel 1 (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Henderson Smith  
(a) Residence, No. 530 Reel mo. St.  (If nonresident, give city or town and State)

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 Georgia McComb Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1878  
7. AGE YEARS MONTHS DAYS 60 | 11 | 18 or LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker Retd.  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reel mo  
FATHER 13. NAME Joseph A. Smith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stranger Mo / Tenn  
MOTHER 15. MAIDEN NAME Mary Sadum  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. A. B. Follwile Reel mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. James DATE July 12, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. L. Green  
20. FILED July 12, 1939 Jo. F. Myers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 5 years 19 \_\_\_\_\_ to July 10, 1939  
I first saw him alive on July 10, 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Paralysis Agitans Date of onset 13 yrs  
Other contributory causes of importance: no  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) L. Mitchell M. D.  
Reel Mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X 16025

**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 Personnel

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

Signed S. L. Muel

Licensed Embalmer No. 3399

P. O. Address Rolla 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.