

1939 JUL 18

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

23378  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Schuylker Registration District No. 806  
 (b) Township Pravie Primary Registration District No. 4485  
 (c) City Queens City Mo (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 Edson L. Smith  
 (a) Residence, No. \_\_\_\_\_ 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 Margaret M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>76</u>	<u>8</u>	<u>6</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carver tobacco  
 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) Horicon Wis

FATHER  
 13. NAME Daniel W. Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

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

17. INFORMANT (ADDRESS) Margaret M. Smith  
Queens City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Queens City DATE 6/18 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. A. West  
Queens City Mo

20. FILED 6/18 1939 J. J. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1938 to June 17 1939  
 I last saw him alive on June 17 1939. Death is said to have occurred on the date stated above, at 5 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Enlarged Prostatic Gland ← Date of onset \_\_\_\_\_  
Prostatic cancer of  
 Other contributory causes of importance: Cirrhosis + 51  
uremia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Jones M. D.  
Queens City Mo  
 (Address) \_\_\_\_\_

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.

RECEIVED

Health Officer No. 10

File No. 7-39-1247

Date Filed

JUL 13 1939

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**