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.

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

Do not use this space.

REC'D AUG 1 - 1939

File No. 25319

Registered No. 54

1. PLACE OF DEATH

County: Carter Co 2 1 — Registration District No. 145

Township: Johnson — Primary Registration District No. 5208

City: Grandin (No. 530, St., Ward)

2. FULL NAME: MORGAN BAILEY SMITH

(a) Residence, No. Grandin Mo 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: 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: Emma Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20 - 1867

7. AGE: Years 72 Months 2 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Reynolds Co Mo

FATHER

13. NAME: Calvin E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Priscilla Helvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): C. C. Smith, Piggers, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Pine Valley DATE: 7/9 1939

19. UNDERTAKER (ADDRESS): T. E. Jordan, Doniphan Mo

20. FILED 7-9 1939 Loyal E. Hood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939, to July 7, 1939

I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Paralysis Agitans	1924

Other contributory causes of importance:

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? No

If so, specify:

(Signed) H. D. Davis, M. D.

(Address) Williamsville

RECEIVED
District Health Officer No. 5,
District File Number 83919
Date Filed 8-10-39