

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25594

Do not use this space.

AUG 9 1939

1. PLACE OF DEATH

(a) County Clatsop Registration District No. 312
 (b) Township Seaside Primary Registration District No. 5431a Registered No.
 (c) City Seaside or Seaside (d) Street No. St.
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. da.
 (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 530 Eugene Adell Smith (Usual place of abode, if no street address write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) Oct 27 1891

7. AGE YEARS 47 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1934
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oregon (STATE OR COUNTRY)

13. NAME Shank Smith

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Emilie C. Smith

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Shank Smith
Seaside, Ore.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaside DATE July 25 1939

19. FUNERAL DIRECTOR (NAME) W. J. Fagat (ADDRESS) King City, Mo.

20. FILED 7/25/39 By Donald Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21 1939, to July 24 1939

I last saw him alive on July 21 1939 Death is said

to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Epilepsy Date of onset

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?

If so, specify

(Signed) E. M. Reynolds M. D.

(Address) Under Star Mo

RECEIVED

District Health Officer No. 11

District File Number 839-989

Date Filed AUG 7 1939

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address *King City 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.