

REC'D AUG 2 2 1939

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

Do not use this space.

26996

1. PLACE OF DEATH

County Shannon Registration District No. 825
Township 26.1 Montau Primary Registration District No. 6085
City Jeresita (No. St. Ward)

File No.

Registered No.

2. FULL NAME

Lewis Smith
(a) Residence, No. Jeresita St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arty M Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 6 years 11. Total time (years) spent in this occupation 42 years

12. BIRTHPLACE (CITY OR TOWN) Wayne County (STATE OR COUNTRY) Kentucky

13. NAME William Smith

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

15. MAIDEN NAME Annah Colley

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Lexie Campbell
Jeresita Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Tanager DATE July 23 1939

19. UNDERTAKER (ADDRESS) Walter Darden
Grand Tanager

20. FILED 7-24 1939 Frank Lloyd MO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 1st 1939, to July 20 1939

I last saw him alive on Jan 1 1939. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

Arrhythmia
Fibrillation
Heart

Other contributory causes of importance: 95W

Name of operation None Date of None

What test confirmed diagnosis? Specimen Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) P. E. Ferrell M. D.

(Address) Missouri

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.

RECEIVED

District Health Officer No. 5,

District File Number 839105

Date Filed 8-18-39