

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

**36037**  
Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Jentry Registration District No. 309  
 (b) Township Albany, Mo. Primary Registration District No. 4189 Registered No. 39  
 (c) City Albany, 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** Otis L. Smith  
 (a) Residence, No. 520 Albany, Mo. 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** Mary Elinor Chittim

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** July 5, 1905

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<u>34</u>	<u>3</u>	<u>2</u>	

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** \_\_\_\_\_  
**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)** Eagleville, Mo.

**FATHER**

**13. NAME** George C. Smith  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**MOTHER**

**15. MAIDEN NAME** Jennie Eachernon  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**17. INFORMANT (ADDRESS)** Mrs. Otis L. Smith Albany, Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Highland Cemetery **DATE** Oct. 9, 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Clifford E. Brooks Albany, Mo.

**20. FILED** Oct. 10, 1939 W. T. Martin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct. 8, 1939

**22. I HEREBY CERTIFY, That I attended deceased from** Oct. 3, 1939, to Oct. 7, 1939  
 I last saw him alive on Oct. 7, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid Fever

**Other contributory causes of importance:** Hemorrhage

**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) W. T. Martin, M. D.  
 (Address) Albany, Mo.

(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.

V. S. NOV. 23, 1938  
 50M-9-19-38  
 I X16605

MARGIN RESERVED FOR BINDING

RECEIVED  
District Health Officer No. 11;  
1139-1459  
NOV 7 1939

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**