Dr L.E.Cooper

JAN 8 1940

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

44228
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2 Registration District No. 655
(b) Township 1 Primary Registration District No. 4382 Registered No.
or
(c) City Steele (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 James H.Smith
(a) Residence, No. Steele, Missouri. St.
(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: 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: P.Dora Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20.1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	4	22	

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roblen Tenn 1

FATHER
13. NAME: John M.Smith 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrel Co. Tenn 1

MOTHER
15. MAIDEN NAME: Sallie McGill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrell Co. Tenn

17. INFORMANT (ADDRESS): Deward Smith Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Zion Cem DATE Dec 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): German Undt Co Steelem, Mo.

20. FILED 12/30 39 L.R. Wiseman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1939, to Dec 12, 1939
I last saw him alive on Dec 11, 1939. Death is said to have occurred on the date stated above, at 3:37 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance: 124 18

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) L. E. Cooper, M. D.
(Address) Cooter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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. NO. 2. 50M-9-19-38 I X16605

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 myself, Registered Apprentice No. , working under my personal supervision.

Signed James R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville Ark

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.