

FILED MAR 10 1940

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

6513

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 290
 (b) Township Salem Primary Registration District No. 5408
 (c) City Arborel (d) Street No. _____
 (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.

Registered No. _____

2. PRINT FULL NAME

Jacob Norton Small
 (a) Residence, No. 540 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth E. Small</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-18-1861</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Fanner</u>	11. Total time (year) spent in this occupation. <u>Life</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ind.</u>		
FATHER	13. NAME <u>Jacob Small</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Reel</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Small</u> <u>Arborel, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lula Reel</u> DATE <u>2-13</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>A. J. Emerson</u> <u>Paragard Ark</u>		
20. FILED <u>Mar 6</u> 19 <u>40</u> <u>A. D. McDaniel</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 194022. I HEREBY CERTIFY That I attended deceased from Feb 8 to Feb 10 1940First saw him live on Feb 8 1940 Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Asthma and old age.Other contributory causes of importance: 112

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) Emerson P. Hoof M. D.210 (Address) Leachville, Ark.

(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.

I X12004

V. S. NO. 2.
50M-7-20-37

RECEIVED

District Health Officer No. 2,

District File Number

340-799

Date Filed

3/14/40

STATEMENT BY LICENSED EMBALMER

I, William C. Shelton, Licensed Embalmer No. 3929

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. William C. Shelton

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3929

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.)