

FILED APR 22 1940

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

10760
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 233
(b) Township Liberty Primary Registration District No. 3-3A
(c) City _____ (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

(a) Residence, No. 536 Silas Lee Smith St. Leasburg Mo.
(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 Lula Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 9

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) Central, South Carolina

FATHER 13. NAME Aban Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

MOTHER 15. MAIDEN NAME Lavona Arnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

17. INFORMANT Mrs. Lula Walker
(ADDRESS) Steeleville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leasburg DATE 1-29-40

19. FUNERAL DIRECTOR (NAME) Louis J. Jonas
(ADDRESS) Steeleville, Mo.

20. FILED 4-9 1940 H. F. Drum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939, to Jan 1, 1940

I last saw him alive on Dec 31, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia,

Other contributory causes of importance: 10/6

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) H. F. Drum M. D.
Leasburg Mo. (Address)

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.

504-9-19-35 I X16035

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 L. J. Jones, Registered Apprentice No. _____

RECEIVED
working under my personal supervision.

District Health Officer No. 5

District File Number 440 433

Date Filed 4/1/40

Signed L. J. Jones
Licensed Embalmer No. 2379
P. O. Address Reelville 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.