FILED APR 8 1940

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

Do not use this space.

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No. 11528
Township — Primary Registration District No. 5633 — Registered No. 231
City Mt. Vernon, Mo (No. Missouri State Sanatorium St. Ward)

55 530

2. FULL NAME Shelton Smith 1
(a) Residence, No. Bevier, Missouri 0 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ———

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1918

7. AGE: YEARS 21 — MONTHS 8 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Feb. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bevier Missouri 0

FATHER
13. NAME: William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama 1

MOTHER
15. MAIDEN NAME: Willa M. Swinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntsville Missouri 0

17. INFORMANT (ADDRESS): E. McMichael, Record Clerk Missouri State Sanatorium

18. ~~BURIAL~~, CREMATION, OR REMOVAL
PLACE Bevier DATE Mar 16, 1940

19. UNDERTAKER (ADDRESS): Fossett Funeral Home Mt. Vernon, Mo.

20. FILED March 15, 1940 R. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1939, to March 15, 1940 ~~19~~
I last saw him alive on March 15, 1940 19 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Winter 1938

Other contributory causes of importance:

Tuberculous laryngitis

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) Maurice L. Jones, M. D.
(Address) Mt. Vernon, Mo.

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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.

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RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE APR 1 - 1940