

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

Do not use this space.

WED MAY 2 1940

16317

1. PLACE OF DEATH

County Texas Registration District No. 1077
Township Carroll Primary Registration District No. 6140
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

Fred Henderson Smith

(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Ida Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Hutton Valley Howell Co. Missouri

13. NAME William L. Smith

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) unknown - Missouri

15. MAIDEN NAME Martina Edna Hicks

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) unknown - Tenn.

17. INFORMANT Mr. Fred Smith wife
(ADDRESS) Summersville

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE Mar 27 1940

19. UNDERTAKER John Hickman - neighbor
(ADDRESS) Summersville Mo

20. FILED Mar 27 1940 W. M. Daniels M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1934, 1934, to 1939, 1939

I last saw him alive on Sept. 1939, 1939. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Culmsy Sube colic
Just returned from
Sanatorium at Mt. Vernon Mo

Other contributory causes of importance:

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 _____, 1939

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. M. Daniels M. D.
(Address) Summersville Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 440-484

Date Filed 4-24-40