

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.

JUN 13 1940

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

Do not use this space.

17985

1. PLACE OF DEATH *Butler* County *Butler* Registration District No. *89*
 Town *Poplar Bluff* Primary Registration District No. *3007* File No. _____
 City *Poplar Bluff* (No. _____) St. _____ Ward _____
 Registered No. *146*

2. FULL NAME *Mark Nathan Smith*
 (a) Residence. No. _____ St. _____ Ward. *Knobel ark.*
 (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 *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 21 1931*

7. AGE *9* YEARS MONTHS *0* DAYS *2 1/2* IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *in school*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *Knobel Ark* (STATE OR COUNTRY) _____

10. NAME OF FATHER *Mark Smith*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Knobel Ark* (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER *Mary Charlotte*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Salina Ark* (STATE OR COUNTRY) _____

14. INFORMANT *Mark Smith* (Address) *Knobel Ark 89*

15. FILED *5/20 1940* *Oldcutting* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 12, 1940*

17. I HEREBY CERTIFY, That I attended deceased from *5-8-40*, 19____, to *5-12-40*, 19____, that I last saw h. *1m* alive on *5-12-40*, 19____, and that death occurred, on the date stated above, at *5:10* A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis

CONTRIBUTORY *Ruptured Appendix* (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) *J.W. McPherson*, M. D.
5-13-40 (Address) *Poplar Bluff, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Hosey (Ark)* DATE OF BURIAL *5/13 1940*

20. UNDERTAKER *Tracy Funeral Service Ark* ADDRESS *Corning Ark*

