

N. B.—Every item of information should be carefully supplied. AGE CERTAINLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JAN 15 1936

1. PLACE OF DEATH

County Casper
Township Saline
City Floyd Kelly Smith (No. _____)

Registration District No. 215
Primary Registration District No. 5306

File No. _____
Registered No. 10 St. _____ Ward)

2. FULL NAME

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 21-1899</u>		
7. AGE <u>36</u>	YEARS <u>8</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Frank E. Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Chloe Vaughan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>O. Ray Smith</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Bettigrew Cem</u> DATE <u>12-16-35</u>		
19. UNDERTAKER (ADDRESS) <u>C. Albert Hornbeek</u> <u>Prairie Home, Mo.</u>		
20. FILED <u>Dec 15</u> 19 <u>35</u> <u>McKeeper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1935 to 12-15 1935
I last saw him alive on 12-15 1935 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Meningitis
alcoholic
Other contributory causes of importance 15

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) A. H. Wendelk M. D.
(Address) Frank Hornbeek

