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.

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

OCT 21 1936

Do not use this space.

35427

1. PLACE OF DEATH
County St. Genevieve — Registration District No. 779
Township Union — Primary Registration District No. 6034a
City Farmington Mo R 4 (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Joel Lemiel 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	W.	M.

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Cora Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1859

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	10	12	

OCCUPATION

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): St. Francois Co.

FATHER

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): William Smith

MOTHER

15. MAIDEN NAME: Eliza Golman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): Cora Smith, Farmington Mo R 4

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Salem — DATE: Sept 27, 1936

19. UNDERTAKER (ADDRESS): C. L. Boyer, Lesterville Mo

20. FILED: 10-8, 1936 — W. P. Huckworth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 25 —, 19.....

I last saw h.. alive on Sept 24, 19..... 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:

	Date of onset
Ileo colitis	

Other contributory causes of importance:

Ca of upper lip	

Name of operation None — Date of .....

What test confirmed diagnosis? Exam — Was there an autopsy? No

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? No

If so, specify .....

(Signed) C. H. Applebury, M. D.

(Address) Flat River Mo