JAN 25 1927 REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

9165-a 9165-a

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

1. PLACE OF DEATH
County Monroe — Registration District No. 579 — File No. ✓
Township Marion — Primary Registration District No. 5776 — Registered No.
City ~~Madison~~ (No. ..... St. ..... Ward)

2. FULL NAME X Smith
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/20/26

7. AGE — YEARS — MONTHS — DAYS: 3 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Madison Mo

PARENTS
10. NAME OF FATHER Landy Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe Co Mo
12. MAIDEN NAME OF MOTHER Neta Lydinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison (STATE OR COUNTRY) Monroe Co Mo

14. INFORMANT Landy Smith
(Address) Madison Mo

15. FILED 3/21 1926 Fred A Thompson W. W. Elbank REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1926

17. I HEREBY CERTIFY, That I attended deceased from 3/21 1926, to 3/23 1926, that I last saw him alive on 3/23 1926, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia Broncho

10 Hrs

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) C C Smith, M. D
, 19 (Address) Madison 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenaway Cemetery — DATE OF BURIAL: 3/23 1926

20. UNDERTAKER: Fred A Thompson — ADDRESS: Madison 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.

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Township..... Primary Registration District No..... Registered No. ....

City..... (No....., .....St.

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(Usual place of abode) (If nonresident give city

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(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

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.....
.....
.....(duration).....

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(SECONDARY)
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INFORMATION
MUST BE WRI
S SUPPLEMENT