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

Do not use this space.

6459

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1668

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. Missouri Babtist Sanatarium St. ..... Ward)

2. FULL NAME JAMES JESSE SMITH

(a) Residence. No. 6723 Hoffman Ave St., 4 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	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1. 1899.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27.	5.	15.	

8. OCCUPATION OF DECEASED 1918 1927

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco Factory.

(c) Name of employer Ligget & Meyers Co.

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

PARENTS

10. NAME OF FATHER W.D.Smith.

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

12. MAIDEN NAME OF MOTHER Lucy Carroll

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

14. INFORMANT Arthur Smith
(Address) 6723 Hoffman ave.

15. FILED FEB 17 1927 Mar C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Feby 8th, 1927, to Feby 16, 1927 that I last saw him alive on 2 — 16 —, 1927, and that death occurred, on the date stated above, at 10.45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gen'l Peritonitis following operation for appendicitis.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) unknown

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

1178

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH St Louis

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/9 & 2/15

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Inspection

(Signed) Hudson Talbott M.D.

, 19 (Address) Metrop Bldg St Louis

*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	DATE OF BURIAL
Salem Mo.	Feb 18 1927.

20. UNDERTAKER McLaughlin ADDRESS 1631 Missouri

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.