UN 24 1927

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

Do not use this space.

14432

1. PLACE OF DEATH
County Callaway.
Township Fulton. [redacted]
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 5153

File No. .....
Registered No. 99

2. FULL NAME David Peacock Snelden 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 male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 4th. 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	2	18	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER James Smith.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Rachel Snelden.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs. David Smith,
(Address) Fulton, Mo.

15. FILED May 23, 1927 R. N. Creus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 22nd, 1927

17. I HEREBY CERTIFY, That I attended deceased from April 29th, 1927, to May. 22nd, 1927, that I last saw him alive on May 22nd 1927, 19....., and that death occurred, on the date stated above, at 5, P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes, Gouty, thrombosis in left extremity, gangrene left foot.

59
124B
105A

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypertention, hepetitis Chr.

(duration) 6 yrs. ..... mos. ..... ds.

57

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P.E. Urinary. blood.

(Signed) Greene D. McCall, M.D.
, 19 (Address) Fulton, 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 Hillcrest Cemetery
DATE OF BURIAL May. 24th-27

20. UNDERTAKER Herndon-Taylor Furn-Co.
ADDRESS Fulton. Mo.

NOTE—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.