

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

Do not use this space.

22821

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

No. **1053**

**Hampton Ave**

File No.....

Registered No. **6483**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. **1053 Hampton St.**

(Usual place of abode)

**14** Ward.

Length of residence in city or town where death occurred

1 yrs.

mos.

da.

How long in U.S., if of foreign birth? **25** yrs.

mos.

da.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Female*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word)**

*widow*

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

*Widow of Andrew Smith*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*July 23, 1851*

**7. AGE**

*75*

YEARS

MONTHS

*11*

DAYS

*22*

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

*House Wife*

(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)**

*Greys Summit Mo.*

**10. NAME OF FATHER**

*Andrew Bell*

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

*Missouri*

**12. MAIDEN NAME OF MOTHER**

*Sarah Bell*

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

*Virginia*

**14.**

INFORMANT (Address)

*Oliver A. Smith  
1053 Hampton Ave*

**15.**

FILED

*11 16 1927*

*Maule Starvesoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*July 15, 1927*

**17.**

I HEREBY CERTIFY, That I attended deceased from *July 15* 19*27* to *July 15* 19*27*

that I last saw him alive on *July 15* 19*27* at *8 A.M.*, and that death occurred, on the date stated above, at *8 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Valvular Dis. of Heart -  
Senile Atheria*

CONTRIBUTORY (SECONDARY)

*900*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH? DATE OF.....**

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *V.M. O'Connell*

M. D.

, 19 (Address) *820 N. Grand*

\*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

*Greys Summit Mo July 17, 1927*

**20. UNDERTAKER**

ADDRESS

*A.W. McLaughlin 1631 Mission*

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.

