

SEP 28 1927

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

Do not use this space.

24066

## 1. PLACE OF DEATH

County GreenTownship ShawneeCity Greenfield (No. ....)Registration District No. J. L. James

318

Primary Registration District No. 2001

File No. ....

Registered No. H 8 H

St. ....

Ward ....

## 2. FULL NAME

(a) Residence. No. 916 McLean

(Usual place of abode)

Mrs. Lucinda J. Smith

St. ....

Ward. ....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. .... mos. ....

59 yrs.

mos.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

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

Widowed.

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

J. W. Smith

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

7. AGE

YEARS  
91MONTHS  
3DAYS  
35

If LESS than 1 day, .... hrs. .... 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)

Tennessee

10. NAME OF FATHER

J. F. Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Arthur J. Smith916 McLean

15.

FILE

8/2 27 October 1927

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

Aug 2 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to Aug 2, 1927 that I last saw h. alive on Aug 2, 1927 and that death occurred, on the date stated above, at Greenfield Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Senility

CONTRIBUTORY (SECONDARY)

164

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. L. James, M. D. C., 1927 (Address) 828 Lueders Bldg

\*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

Hazelwood Cemetery8/7 1927

20. UNDERTAKER

ADDRESS

W. L. StameWalnut Street

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.

100-100000

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public in and for the State of California



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