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

Do not use this space.

32919

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 476
Township — Primary Registration District No. 3009 — Registered No.
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Jessie Wesley Smith
(a) Residence. No. 718 A Broadway St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 14 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	14	

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER J. W. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alto Pass
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Ida Badders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Irton
(STATE OR COUNTRY) Mo

14. INFORMANT J. W. Smith
(Address) Cape Girardeau Mo

15. FILED 11/23, 1927 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 11-22-, 1927, to 11-22-, 1927 that I last saw him alive on 11-22 1927, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
Total (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) not Known
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At 718 Broadway Cape Girardeau Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. E. Dalton, M.D
11-23, 1927 (Address) Cape Girardeau 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: Illmo Mo — DATE OF BURIAL: 11/23 1927

20. UNDERTAKER: Forberg und Co — ADDRESS: Cape Girardeau 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.