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.

JAN 5 1928

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

Do not use this space.

33913

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township — Primary Registration District No. 4249 — Registered No. 82

City Festus Mo (No. ..... St. ..... Ward)

2. FULL NAME Samuel Price Smith

(a) Residence. No. Festus Mo St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Fannie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 11-1862

7. AGE: Years 65 — Months 6 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Mo

PARENTS

10. NAME OF FATHER: Wm Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Washington County Mo
12. MAIDEN NAME OF MOTHER: E Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Wm Smith
(Address): Festus Mo

15. FILED 11/28, 1927 — J E Rutledge, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 24 1927

17. I HEREBY CERTIFY, That I attended deceased from February 2, 1927, to Nov 24, 1927 that I last saw him alive on Nov 24, 1927, and that death occurred, on the date stated above, at 4:10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
3 | 23A / 93D
(duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis
(duration) ..... yrs. 1 mos. ..... ds.

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? Clinical
(Signed) S H Yoskit, M. D
, 19 (Address) Festus 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: Potosi Postal Mo — DATE OF BURIAL: Nov 26 1927

20. UNDERTAKER: Chester & Vineyard — ADDRESS: Festus Mo