CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space. 35845

1. PLACE OF DEATH
County Andrew, Registration District No. 13
Township Primary Registration District No. 4010
City Savannah, (No. Dr. Nichols Sanitorium St. Ward)
File No. 5
Registered No. 80

2. FULL NAME John R. Smyth,
(a) Residence. No. St., Ward. Castleton, Kansas,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	Unk.	Unk.	

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

9. BIRTHPLACE (CITY OR TOWN) Cairo,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Thomas Smyth,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Thomas E White
(Address) Castleton, Kansas,

15. FILED Dec 31 1927 C C Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Dec 29, 1927 that I last saw him alive on Dec 29, 1927, and that death occurred, on the date stated above, at 9 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute endocarditis
(duration) yrs. mos. 2 (?) ds.

CONTRIBUTORY (SECONDARY) Streptococci infection of Inf. Maxillary (duration) yrs. mos. (?) ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Don't know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
12/29, 1927 (Signed) E Metheny, M. D
(Address) Savannah 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: Castleton, Kansas
DATE OF BURIAL: Dec. 31 1927

20. UNDERTAKER: Frank A. Bowman
ADDRESS: Savannah, Mo.