

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

Do not use this space.

Stuman

1928

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
 Township *Springfield* Primary Registration District No. *2001* File No. *4648*
 City *Springfield* (No. *17018*) *Kimbrough* Registered No. *877* St. _____ Ward)

2. FULL NAME

(a) Residence. No. *17018* *Kimrough* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Mar*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-3 1928*

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

17. I HEREBY CERTIFY That I attended deceased from *Feb* 1928, to *Feb* 1928 that I last saw her alive on *Jan 30*, 1928, and that death occurred, on the date stated above, at *10A* m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 20-1880*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Causes of Colours

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 13

45
 (duration) *2* yrs. mos. da.
CONTRIBUTORY (SECONDARY)
Cremitia
 (duration) *1* yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *home*
 (b) General nature of industry, business, or establishment in which employed (or employer) *1320*
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED *at home*
 IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

10. NAME OF FATHER *Em. Davis*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *at home*
 DATE OF BURIAL *2-5 1928*
 WAS THERE AN AUTOPSY *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *General symptoms*
 (Signed) *W. S. Sherburne*, M. D.
 , 19 (Address) *Springfield Mo*

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

12. MAIDEN NAME OF MOTHER *Martha Owen*

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

14. INFORMANT (Address) *Rt. 1, Smalley Springfield Mo*

20. UNDERTAKER *At Home Wright Co*
 ADDRESS *534 Adams*

15. FILED *74* 19 *28* *Old* *Forst* *me*
 REGISTRAR

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.

