

MAR 21 1928

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

Do not use this space.

7558

1. PLACE OF DEATH

County Washington  
Township Boston  
City..... (No.....) St..... Ward.....

Registration District No. 857  
Primary Registration District No. 6179

File No.....  
Registered No. 15

2. FULL NAME

Marie Smith

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

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 Girl 4. COLOR OR RACE W. 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) Jan. 18, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 21

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) 5  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Potosi  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Andrew Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) this to  
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Sarah Masson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) this to  
(STATE OR COUNTRY) MO

14. INFORMANT Andrew Smith  
(Address) Potosi, MO

15. FILED 2/10 28 Joe L. Thurman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from 2:20 P.M., 1928, to 10:15 P.M., 1928, that I last saw h..... alive on Feb 8, 1928, and that death occurred, on the date stated above, at 10:15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Brouchitis

106A 99A (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

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

19. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS: Joe L. Thurman, M.D., Reg.  
(Signed) Andrew Smith, Father M.D.  
2-9, 1928 (Address) Potosi, 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 new diggings DATE OF BURIAL 2-10 1928

20. UNDERTAKER none ADDRESS 1-1

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.

