

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

Do not use this space.

**8535**

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 179  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 1225 West Ave, 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Elizabeth Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	91	9	26	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ret'd farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Tenn -

10. NAME OF FATHER Mr. Smith

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

12. MAIDEN NAME OF MOTHER Mary Ferris

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

14. INFORMANT J. L. Barnard  
(Address) Springfield Mo

15. FILED 3-9-28 O. Hopt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/7 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Feb 4, 1928, that I last saw him alive on Feb 4, 1928, and that death occurred on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senility and Pericarditis  
906  
13213 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Uremia (duration) yrs. mos. ds. 10

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: at place of death  
DID AN OPERATION PRECEDE DEATH? no DATE OF last

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: General Condition  
(Special) W. H. Sherman, M. D.  
(Address) Springfield 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 Henderson Mo DATE OF BURIAL 3/9 1928

20. UNDERTAKER Alva Schreyer ADDRESS 534 St Louis

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.

THIS IS A PERMANENT RECORD

1928

