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

Do not use this space.

10084

1. PLACE OF DEATH
County: Pettis Co.
Township:
City: Sedalia Mo. (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 3032
File No.
Registered No. 93

2. FULL NAME: Ewell Henderson Smith
(a) Residence. No. 520 W 5th 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. 10 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): widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widower of Allie B Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-27-1849

7. AGE: Years 78 | Months 7 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Patrick Co Virginia

PARENTS
10. NAME OF FATHER: Fultz Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.
12. MAIDEN NAME OF MOTHER: Mary Hamby.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

14. INFORMANT: Chas S Smith
(Address) 520 W. 5th St Sedalia Mo

15. FILED 3-27 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-27- 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 20th, 1928, to Mar 26, 1928 that I last saw ~~him~~ alive on Mar 26, 1928, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Interstitial Nephritis & Heart trouble
Mitral Stenosis

(duration) 290 Several months yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis
(duration) Probably several years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. J. Campbell, M. D
, 19 (Address) Sedalia, 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: Good Hope Henry Co.
DATE OF BURIAL: 3-28 1928

20. UNDERTAKER: McLaughlin Bro. Fun. Co.
ADDRESS: Sedalia

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.