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

Do not use this space.
15843
15573

1. PLACE OF DEATH
County Sullivan
Township City
City Near Rockport Mo. (No. ..... St. ..... Ward)
Registration District No. 853
Primary Registration District No. 6116
File No.
Registered No. 8

2. FULL NAME James R 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 60 yrs. mos. 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): Married
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND ~~OF (OR) WIFE OF~~ Mary E. Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1843
7. AGE: Years 84 Months 8 Days 7 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)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Guernsey Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Jesse Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Winnie Reaves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Chas. E. Smith
(Address) Milan Mo
15. FILED 4/5 1928 A. A. Widner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 4 1928
17. I HEREBY CERTIFY, That I attended deceased from Mar 1925, to 17 1927, that I last saw h.ssd alive on May 17 1927, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Valvular Disease of heart
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
April 5 1928 (Address) Milan 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 Brandstown near Milan
DATE OF BURIAL Apr 6 1928
20. UNDERTAKER C. H. Schoene
ADDRESS Milan Mo

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.