

283

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

Do not use this space.

16173

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township SpringfieldPrimary Registration District No. 1001City Springfield (No. State Hosp?)

File No.

Registered No. 562

2. FULL NAME

(a) Residence No. G. W. Smith St.Ward. Kaus City Mo

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos.How long in U.S., if of foreign birth? 4 yrs. 10 mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Murphy att. 18566. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Brain Meals

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri10. NAME OF FATHER Chas. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri12. MAIDEN NAME OF MOTHER Mary Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri14. INFORMANT Cordelia D. Wood(Address) Kaus City, Mo15. FILED 5 19 1928REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 19 28

17.

I HEREBY CERTIFY That I attended deceased from Apr. 1, 19 28, to May 4, 19 28 that I last saw breath alive on May 4, 19 28, and that death occurred, on the date stated above, at 10:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis131 / 290CONTRIBUTORY (SECONDARY) Not known

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ✓DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Autopsy(Signed) A. D. [Signature], M. D.May 4, 1928 (Address) State Hosp # 1001 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

DATE OF BURIAL

Kaus City, Mo5 19 28

20. UNDERTAKER

ADDRESS

J. L. [Signature]216 So10th

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.

JUL 8

