

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

Do not use this space.

16447

1. PLACE OF DEATH

County... Carroll

Registration District No. 135

Township.....

Primary Registration District No. 519.3

City... Wakarusa (No.)

File No.

Registered No. 53

St. Ward)

2. FULL NAME Thomas L. 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 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Polina Jenkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-12-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 | - | 26

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

9. BIRTHPLACE (CITY OR TOWN) Booneville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Thomas Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Chas. Smith
(Address) Wakarusa Mo

15. FILED 5-9-28 19... Wm. E. E. Jamham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-8-28 19 28

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Softening

CONTRIBUTORY (SECONDARY) 83
(duration)..... yrs. mos. da.

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) J. M. Pearson, M. D.
5-9-28 (Address)

*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 Willis Chapel Cem. DATE OF BURIAL 5-10-28 19 28

20. UNDERTAKER Standley Fun. Home ADDRESS Carroll Co 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.

