

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

Do not use this space.

17190

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1-102
 Township Frank Primary Registration District No. 1002 Registered No. 1-102
 City Kennett (No. 100) City Hospital St. 1 Ward 1

2. FULL NAME

Nelson Smith
 (a) Residence. No. 207 W 7th St. 1 Ward. 1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 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 ed 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-1-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>4</u>	<u>13</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Smith Peter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mabel Nelson
 (Address) 207 W 7th

15. FILED May 16 1928 REGISTRAR Wass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14-1928

17. I HEREBY CERTIFY, That I attended deceased from 5-12-1928 to 5-14-1928 that I last saw h. alive on 5-14-1928 and that death occurred, on the date stated above, at 12:35 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Finer
12/15
122 B1

CONTRIBUTORY (SECONDARY) 122 B1
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Undetermined
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chloroform data
 (Signed) M. J. Smith
 (Date) May 16 1928

*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 St. Louis Mo DATE OF BURIAL 5-16-1928

20. UNDERTAKER Watkins Bros. ADDRESS 1728 Lydia

MAKE SURE WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

