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

Do not use this space.

17724

1. PLACE OF DEATH
County Livingston, Registration District No. 508 File No.
Township Primary Registration District No. 3026 Registered No. 53
City Chillicothe, (No. St. Ward)

2. FULL NAME Marcus 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 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) Single,
5a. IF ~~Married, Widowed or Divorced~~ ~~HUSBAND or (or) WIFE OF~~ ----------
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, -15th.-1914
7. AGE Years 13 Months 10 Days 0 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Student,
(b) General nature of industry, business, or establishment in which employed (or employer) School Work,
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Carroll County,
(STATE OR COUNTRY) Mo.,

PARENTS
10. NAME OF FATHER Geo. Smith,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co.,
(STATE OR COUNTRY) Mo.,
12. MAIDEN NAME OF MOTHER Eva Clevenger,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray County,
(STATE OR COUNTRY) Mo.,

14. INFORMANT Geo. Smith
(Address) Braymer, Mo. R.F.D.#
15. FILED 5-16, 1928 Reuben Bonney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1928
17. I HEREBY CERTIFY That I attended deceased from May 13, 1928 to May 15, 1928 that I last saw him alive on May 14, 1928 and that death occurred, on the date stated above, at 6 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
10 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Braymer Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) E. J. Simpson M.D.
May 16 1928 (Address) Chillicothe 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 Tinneys Grove Cemetery, DATE OF BURIAL May-17" 1928
20. UNDERTAKER E. P. Michael ADDRESS Braymer, 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.