

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

Do not use this space.

22008

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No.....
 Primary Registration District No.....

791

1003

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME

(a) Residence.....
 (Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. — mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

Rosa Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 9 16

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Little Rock Ark.

10. NAME OF FATHER

Henry Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT

(Address)

Rosa Smith
3058 E. base ave

15.

FILED

May C Starker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) C - 2 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/18/28 to 4/20/28, 1928, and that I last saw him alive on 4/18/28, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic gastric ulcer
(malignant)
Cholest (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

9 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DISEASE?

(Signed) Physician finding, M. D.

(Address) 2038 N. Market

*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

Greenwood Cemetery June 10, 1928

20. UNDERTAKER

ADDRESS

J.C. Thomas Laclede ave

WRITE PLAINLY, 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.

Dr. J. T. Bredford,

Stid June 2, 8⁴⁵ PM