

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

Do not use this space.

26606

File No.
Registered No. 229
St. Ward)

1. PLACE OF DEATH

County Callaway Registration District No. 102
Township Jackson Primary Registration District No. 4062
City Auxvasse (No. St. Ward)

2. FULL NAME Thomas W. 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) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Grace Smith (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | 6 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Peter H. Smith

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

12. MAIDEN NAME OF MOTHER Fannie Halley

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

14. INFORMANT Miss Nellie Smith (Address) Auxvasse, Mo.

15. FILED Feb 28 1928 H. G. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19th 1928 to Aug. 24 1928 (that I last saw him alive on Aug. 24 1928, and that death occurred, on the date stated above, at 10 am.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Negastrophy of Heart

CONTRIBUTORY (SECONDARY) Chronic Rheumatism (duration) yrs. mos. ds.

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. H. ..., M. D. , 19 (Address) Auxvasse 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 Grand Prairie Cemetery DATE OF BURIAL Aug 26 1928

20. UNDERTAKER Hughes Martin ADDRESS Auxvasse 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.

