

24

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

Do not use this space.

29883

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 178

2. FULL NAME

Albert Smith
(a) Residence No. Dont know St. _____ Ward. _____
(Usual place of abode)

Joplin Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 65

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Carit Day

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

14. INFORMANT (Address) No informant effect

15. FILED Sept 25 1928 REGISTRAR H. N. Crews

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-8-28, 1928, that I last saw him alive on 9/24/28, and that death occurred, on the date stated above at 9/27/28 2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: 95 Acute Dilatation of the Heart

CONTRIBUTORY (SECONDARY) Dont know Ferility Carit Day

18. WHERE WAS DISEASE CONTRACTED Dont know IF NOT AT PLACE OF DEATH Dont know DID AN OPERATION PRECEDE DEATH... No DATE OF... No WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? Biopsy only (Signed) E. E. Day M. D. , 19 (Address) State Hospital #1

*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 Columbia Mo DATE OF BURIAL Sept 28 1928

20. UNDERTAKER Al Bell ADDRESS Fulton Mo

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

