

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

Do not use this space.

30305-a

1. PLACE OF DEATH

County Hickory Registration District No. 362
 Township Greenleaf Primary Registration District No. 5507
 City Pittsburg (No. _____) St. _____ Ward _____

2. FULL NAME

(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 40 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Emmaline Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
88 2 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Whiting
 (STATE OR COUNTRY) West Va.

10. NAME OF FATHER Smith

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

12. MAIDEN NAME OF MOTHER X

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

14. INFORMANT Ed Smith
 (Address) Bolivar Mo

15. FILED Jan. 25, 1929 John P. Dennis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1928, to Sept 2 1928, that I last saw him alive on Sept 3 1928, and that death occurred, on the date stated above, at 3 10am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteric Colitis
92A
1209

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH POA

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? (Signed) D. E. Harman M. D.
Sept 3, 1928 (Address) Bolivar 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 Antioch Cemetery DATE OF BURIAL Sept 3 1928

20. UNDERTAKER Dutchison-Bluy ADDRESS Bolivar 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.

DEPARTMENT RECORD

1928

