

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

Do not use this space.

31978

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **9253**

City.....

(No Jewish Hosp.)

St. Ward)

2. FULL NAME Alfred Emanuel Smith

(a) Residence. No. **Keenes Illinois** St. **12** 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. **2** 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 OF (OR) WIFE OF

Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1928

7. AGE YEARS MONTHS DAYS **5** If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keenes, Illinois
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry Smith

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

12. MAIDEN NAME OF MOTHER Clara Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne County, Ill.
(STATE OR COUNTRY)

14. INFORMANT Harry Smith
(Address) Keenes, Illinois

15. FILED SEP 17 1928 *Max C. Standley*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1928

17. I HEREBY CERTIFY That I attended deceased from Sept. 12, 1928 to Sept. 14, 1928 that I last saw him alive on Sept. 14, 1928 and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia following

1570
107A/1000
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Operation for repair of harelip (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Did an operation precede death? Yes DATE OF Sept. 13, 1928

Was there an autopsy? No

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) *Miss F. ...* M. D.

9/15, 1928 (Address) 508 North Grand Blvd.

*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 Thomason Cemetery, Wayne County, Ill. **DATE OF BURIAL** Sept. 15, 1928

20. UNDERTAKER E. J. Keen Keen & Company Keenes, Ill.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

E. 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.

