1928

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

Do not use this space. 32802

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 1156

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Loren A. Smith,

(a) Residence. No. 2908 North 8th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 11 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	28	11	4	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Paper Box Co.

(c) Name of employer Wyatt & Green Paper Box Co.

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Thomas Smith,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Andrew Co., (STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Beulah Foley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weston, (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs Loren A. Smith
(Address) 2908 North 8th. Street.

15. FILED Oct 5 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct 3, 1928 that I last saw h alive on 3, 19, and that death occurred, on the date stated above, at 3.55 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acidosis. Colon Bacilli
Infection 194B
136B
Result of accident (duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Rupture of Urethra
Caused by lifting (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Wyatt & Green Paper Box Co.

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 29, Oct 2, 1928

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. R. McGill, M. D

Oct 3, 1928 (Address) 208 Kirkpatrick Bldg. St. Joseph, 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	DATE OF BURIAL
Ashland Cemetery	Oct. 5th 1928

20. UNDERTAKER	ADDRESS
Heaton & BeGole & Bowman	319 S. 10 St.

for J. W. Hawle — Funeral Home

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1156

City St. Joe (No. ..... St. ..... Ward)

2. FULL NAME Loren A. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	M

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

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

7. AGE	YEARS	MONTHS	DAYS	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) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 11/28 1928 John Getz SS. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Acidosis~~ ~~Colon Bacil~~ ~~infection~~

Acidosis - non diabetic

Colon Bacillus Infection (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... 114 B

(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) P. R. McGill, M. D

, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-32802