

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

Do not use this space.

35637

**1. PLACE OF DEATH**

County.....  
Towship.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *Masonic Hospital*)

File No.....  
Registered No. **10710**  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. **5351 Delmar** St. **14** 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) **Single.**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 1 - 1850**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**78 9 30**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Retired (Physician).**  
(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) **Baldingb. Ga.**

PARENTS

10. NAME OF FATHER **John J. Smith.**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Haywood.**

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

**14.**

INFORMANT **Wilmott Haller**  
(Address) **5351 Delmar Blvd.**

**15.**

FILED **10/31 - 1 1928** **Max Starkey** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 31 1928**

17. I HEREBY CERTIFY, That I attended deceased from **7/14/27**, 19**27**, to **10-31**, 19**28**, that I last saw him **Oct 30** **1928**, and that death occurred, on the date stated above, at **2:40 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocardite**  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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) **D. F. Pri**, M. D.

**10/31**, 192**8** (Address) **Delmar - Del.**

\*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

**Valhalla Cem.**

**Nov 2 1928**

20. UNDERTAKER

ADDRESS

**Alyxander & Sons**

**6175 Delmar**

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.

