JAN 28 1929

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

Do not use this space. 40239

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 786 S. Fremont St. Ward)
File No.
Registered No. 883

2. FULL NAME Chas. J. Smith
(a) Residence. No. 786 S. Fremont 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Mary G. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 1852

7. AGE: Years 76 | Months 9 | Days Unknown | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Cinn
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Chas. J. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cinn
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Unknown Marshall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Nasbit Smith
(Address): Springfield Mo.

15. FILED 12-21, 1928 O.C. Horst MSE
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-20 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 4 02 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from bowls
Cause unknown
Treated by Christian Scientist
1221 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 1198
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) O.C. Horst
12-21, 1928 (Address) Registrar Vital Statistics Springfield 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: Maple Park
DATE OF BURIAL: 12-22 1928

20. UNDERTAKER: Alma Lohmeyer
ADDRESS: 534 St Louis

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

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.