29 1928

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

Do not use this space.

41785

1. PLACE OF DEATH

County Burll Mo. Registration District No. 592 File No. 35

Township Montgomery Primary Registration District No. 5790 Registered No.

City (No. St. Ward)

2. FULL NAME Silas Clark Smith

(a) Residence. No. Seventh Jeans 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 W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69	2	24	

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) N. Carolina
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jno. Smith

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

12. MAIDEN NAME OF MOTHER Rose Beck

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

14. INFORMANT A. W. Ayler
(Address) Bellflower

15. FILED Dec 10 1928 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/4, 1928, to 12/10, 1928 that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia & Chronic mitral disease of heart.

928
820

(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemiplegia 3 days

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. W. Tinsley, M. D

12/11, 1928 (Address) Montgomery City 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 Montgomery Cemetery

DATE OF BURIAL 12-11 1928

20. UNDERTAKER W. J. Ruen - Bellflower - Mo

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.