JAN 28 1929

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

Do not use this space.

42134

1. PLACE OF DEATH
County Ralls — Registration District No. 930
Township Saline — Primary Registration District No. 5962
City ..... (No. ....., ... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Richard P. 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 67 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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Margaret Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	84	5		

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) Cabin Co
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Hugh Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Brigie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. Hugh Smith
INFORMANT .....
(Address) Hunnington; Mo.

15. Filed Jan 28, 1929 J. E. Floyd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928 to Dec 11, 1928 that I last saw h. alive on Dec 11, 1928, and that death occurred, on the date stated above, at 10:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza & Pleurisy
(duration) ..... yrs. ..... mos. 27 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) P. J. Reichmann, M. D
Dec 11, 1928 (Address) Oakwood - 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
Holy Rosary Cemetary	I2 I3 1928
20. UNDERTAKER Wilson & Son Monroe City	ADDRESS Mo.

WRITE PLAINLY, WITH UNFADING INK

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.