

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

Do not use this space.

Wells 509

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township " Primary Registration District No. 2009
 City " (No. ") St. " Ward "

File No. ✓
 Registered No. 11

2. FULL NAME

Charlie Smith
 (a) Residence. No. Sanctusville City, Mo. 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 9 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Quarry Man
 (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) Melvin Ala.

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Wm Sheppard
 (Address) Cape Girardeau Mo

15. FILED 1/9/29 W Kauffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 13, 1928 to Jan 7, 1929 that I last saw him alive on Dec 31, 1928, and that death occurred, on the date stated above, at about 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mental Degeneration
97A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. Mountain 8 mos. ds.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF —

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Geo Walker, M. D.
1-8, 1929 (Address) Cape Girardeau

*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
Fairmount Cem. Jan 9th 1929

20. UNDERTAKER ADDRESS
Walthu Und. Co., Cape Gir. Mo.

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

R. 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.

1929
 16
 2
 8

17
 31
 31

