

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

Do not use this space.

7098

1. PLACE OF DEATH

County Lawrence
Township Spring Hill
City Lawrence (No.)

Registration District No. 475
Primary Registration District No. 5639

File No. 5
Registered No. 6
St. Ward)

2. FULL NAME

George L. 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 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Sept 10 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 | 4 | 22

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

9. BIRTHPLACE (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George N. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Cora Pilkaton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mallett Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Geo N. Smith
(Address) Verona Mo. P. D.

15. FILED Feb 3 1929 Geo L. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY That I attended deceased from 1/24 1929, to 1/2 1929 that I last saw him alive on 1/27 1929, and that death occurred, on the date stated above, at 12-2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Heart Disease
95%
10%
5% (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Rheumatism (duration) Not known

18. WHERE WAS DISEASE CONTRACTED? 90%
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) J. Hill Smith M.D.
2/3/29 (Address) Verona 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 Verona, Mo. DATE OF BURIAL 2/4/29

20. UNDERTAKER Geo Orr ADDRESS Verona Mo.

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.

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