

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

Do not use this space.

Dr. Hill
10047

PLACE OF DEATH

County Cooper
Township _____
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 40
St. _____ Ward _____

2. FULL NAME Soloman 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 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 Black 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) July 16 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 7 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Rally Martin

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

14. INFORMANT Henry Smith
(Address) Boonville Mo

15. FILED Jan 10, 1929 J. R. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1929, to Nov 8 1929 that I last saw him alive on Nov 8 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11 1/2
10 7 A

(duration) yrs. mos. 10 ds.

CONTRIBUTORY Asphyxia
(SECONDARY)

(duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) R. Smith M. D.

9/9 1929 (Address) Boonville 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 _____

City Cemetery Nov 10 29

20. UNDERTAKER _____

ADDRESS _____

Goodman + Bolter Boonville 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.

2450

