

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

Do not use this space.

16391

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No.)

File No.

Registered No. 4401

St. Ward

2. FULL NAME Borissa Smith

(a) Residence. No. 5351 Delmar St. 12 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Adams W. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Wahokoa
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Samuel P. Bryan

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

12. MAIDEN NAME OF MOTHER Mary Umich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't know

14. INFORMANT Williamth Waller
(Address) 5351 Delmar

15. FILED 16 1929 Max C. Sturmy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1929

17. I HEREBY CERTIFY That I attended deceased from July 16, 1928, to April 15, 1929 that I last saw him alive on April 15, 1929, and that death occurred, on the date stated above, at 10:06 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of left breast
50

CONTRIBUTORY (SECONDARY) 47
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? D. J. Rice M. D.

(Signed) 4/16, 1929 (Address) Delmar

*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

Valhalla Ceme.

DATE OF BURIAL

April 1929

20. UNDERTAKER

Alexander & Sons 6175 Delmar

