21 1929
12

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

Do not use this space.

27101

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 130
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Claude E. 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	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 Lillie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	11	12	

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) Chyonia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER A. W. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Piedmont
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Nannie McAdams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT E. E. Morrison
(Address) 430 S. Pacific St. Cape Girardeau

15. FILED 8/3 1929 Dr B J Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to Aug 1, 1929 that I last saw him alive on Aug 1, 1929, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis 121B
129
..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Peritonitis
..... (duration) ..... yrs. ..... mos. 5 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? Pus in abdomen found by puncture
(Signed) [signature], M. D.
8-2, 1929 (Address) Poplar Bluff 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 Poplar B.	Aug. 4 1929

20. UNDERTAKER	ADDRESS
A. W. Greer Poplar Bluff, Mo.	

OCT 19 1948