25 1929
36

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

Do not use this space.

27417

1. PLACE OF DEATH
County Franklin — Registration District No. 301 — File No.
Township Prairie — Primary Registration District No. 5418 — Registered No.
City (No. St. Ward)

2. FULL NAME Peter 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 80 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4/4 1849

7. AGE: Years 80 — Months 4 — Days 2 V — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Franklin Co Mo

PARENTS
10. NAME OF FATHER: S. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Claus-Know
12. MAIDEN NAME OF MOTHER: Claus-Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co Mo

14. INFORMANT (Address): Nellie Smith, Sullivan Mo R#4

15. FILED 8/25, 1929 S L Dewhirst MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 3 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2 V, 1929 to Aug 3, 1929 that I last saw him alive on July 31, 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
924
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Mitral regurgitation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? V
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. E. Kitchell, M. D
8/V, 1929 (Address) St. Clair

*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: Proffed - Cemetery
DATE OF BURIAL: Aug 5 1929

20. UNDERTAKER: Casey & Co.
ADDRESS: St. Clair

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.

31