11

22 1929

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

Do not use this space.

30155

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1107

City St.Joseph, (No. 2508 So.12th.St. St. Ward)

2. FULL NAME Truman C.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 15 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June,3,1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	3	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saw filer, Saw Mill.

(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) Independence,Ohio.

PARENTS

10. NAME OF FATHER Nehemiah Smith

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

12. MAIDEN NAME OF MOTHER Lucy M.Reed

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

14. INFORMANT Mrs.S.S.Stouffer (Address) 2508 So.12th.St.

15. FILED SEP 23 1929 19 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept,20,1929 19

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 1929 that I last saw him alive on Sept 20, 1929, and that death occurred, on the date stated above, at 9.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach

4612

97

Unknown (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? 44 A

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Wm. P. Lenz, M. D.

9/22, 1929 (Address) 223 Kirkpatrick Bldg.

*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
Mt.Mora Cemetery	Sept,23, 1929
20. UNDERTAKER	**ADDRESS**
Walter Meinhoffer 1302	Faraon St.

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.