

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

Do not use this space.

30482

1. PLACE OF DEATH

County Franklin
Township Boates
City Pacific (No. _____)

Registration District No. 293
Primary Registration District No. 477

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1879</u>		
7. AGE <u>50</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (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)
Missouri

10. NAME OF FATHER
Wm Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Not Known

12. MAIDEN NAME OF MOTHER
Martha Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Not Known

14. INFORMANT
Mary Smith
(Address)
Pacific Mo

15. FILED 9-25 19 29
Welen M. Jones
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1929, to Sept 23, 1929 that I last saw h. alive on Sept 23, 1929, and that death occurred, on the date stated above, at 5:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericardium of heart and blood

512
510 (duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A. H. McKeay M. D.

(Address) Pacific, Mo

*State the DISEASE CAUSING DEATH, or indicate from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Pacific City DATE OF BURIAL 9/26 1929

20. UNDERTAKER
John W. Thies ADDRESS Pacific Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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