65
28 1929

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

Do not use this space.

34463

File No.
Registered No. 24

1. PLACE OF DEATH

County Moniteau
Township Tunnels Fork
City (No. , St. Ward)

Registration District No. 2-14
Primary Registration District No. 5774-B

2. FULL NAME George Smith

(a) Residence. No. Enon Mo. 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~~ Cassie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17th 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	0	22	

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) Osceola
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Frederick Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Naoma Meeks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs. George Smith
(Address) Enon Mo.

15. FILED Oct 10 1929 Hugh L. Enlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929 to Oct 9, 1929 that I last saw h. alive on Oct 1, 1929, and that death occurred, on the date stated above, at 5 OClock A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
72 A

(duration) yrs. mos. 9 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Leslie, M. D.
Oct 10, 1929 (Address) Russellville 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
Olgen Cemetary	Oct 10 1929
20. UNDERTAKER	**ADDRESS**
G.N. Steffens	Russellville

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.