

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

Do not use this space.

40196

1. PLACE OF DEATH

County Leitch Registration District No. 997 File No. _____
 Township Garden Primary Registration District No. 0238 Registered No. 7
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John H. 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 Male 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 Julia Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
65 YEARS 8 MONTHS 7 DAYS

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Leitch Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Smith

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

12. MAIDEN NAME OF MOTHER Russ Magee

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

14. INFORMANT Henry J. Smith
 (Address) W. H. Lewis Mo.

15. FILED Jan 10 1930 F. M. Jadwin
 REGISTRAR H. W. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/20 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15th 1929 to Dec 20th 1929
 that I last saw him alive on 12/16 1929, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach & bowels 46B
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 440
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF Oct. 25th 29

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Confirmation by exp. exp.
 (Signed) W. K. Kudd M. D.

12/21 1929 (Address) Salem, 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 Empire Cem DATE OF BURIAL 12/22 1929

20. UNDERTAKER Carl Spencer ADDRESS Salem Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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