

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.

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

Do not use this space.

Dr. Dugg
15693

1. PLACE OF DEATH
County Cooper Registration District No. 218
Township Boonville Primary Registration District No. 3215
City Boonville No. _____ St. _____ Ward _____

2. FULL NAME Dewitt E. 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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 0 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Pipe Factory
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cooper County Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Dewitt E. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Rothger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Mrs. Dewitt Smith
(Address) Boonville Mo

15. FILED May 19 30 J. W. Wiley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1930
17. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1930, to May 3rd, 1930 that I last saw him alive on May 2nd, 1930, and that death occurred, on the date stated above, at 2:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia
16d (duration) 3 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) 16d (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. X
DID AN OPERATION PRECEDE DEATH. no DATE OF X
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS X
(Signed) Dr. Dugg, M. D.
5/3 - 1930 (Address) Boonville 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 Pilot Grove Mo DATE OF BURIAL May 4 1930

20. UNDERTAKER Goodman + Bolter Boonville ADDRESS 710

