

AUG 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Northfork
City (No.)

Registration District No. 40
Primary Registration District No. 5061

File No. 21857
Registered No. 39
St. Ward)

2. FULL NAME

John Frank 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 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Sophia Smith

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

July 12, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

6609

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

9. BIRTHPLACE (CITY OR TOWN)

Clay Co.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Hessler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

Mrs. Sophia Smith

(Address)

Jasper Mo

15.

FILED 8-8-30A. J. Mynatt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7/21 1930

17.

I HEREBY CERTIFY, That I attended deceased from 7/7, 1930 to 7/21, 1930
that I last saw him alive on 7/19, 1930, and that death occurred, on the date stated above, about 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Vascular disease of heart
92 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

900

(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) V. H. Hendricks, M. D., 19 (Address) Jasper 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

Boonville Mo
Walnut Grove CemJuly 23 1930

20. UNDERTAKER

ADDRESS

Peeter BrosJasper Mo

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.

