

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.

NOV 25 1930

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

Do not use this space.

33303

1. PLACE OF DEATH

County Gasconade Registration District No. 411 File No. _____
 Township Wagon Wheel Primary Registration District No. _____ Registered No. _____
 City Paris (No. 1439) (Part of Paris) St. _____ Ward _____

2. FULL NAME

(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 M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 68

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Restaurant
 (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) No record

10. NAME OF FATHER No record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Family at
 (Address) 1439 Perkins Ave

15. FILED 10/23/30 W. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, that I attended deceased from Oct 14 to Oct 27, 1930, that I last saw ex alive on Oct 27, 1930 and that death occurred, on the date stated above, at 10-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 918 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 918
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. F. Wilbur, M. D.
10-28-30 (Address) 1014 2nd

*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 Forest Park DATE OF BURIAL 10 23 1930

20. UNDERTAKER W. Benson Clark ADDRESS 1014 2nd

