

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

Do not use this space.

4800

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
 Township Cape Girardeau Primary Registration District No. 3209 Registered No. 606
 City Cape Girardeau, Mo. St. Francis Hospital St. _____ Ward _____

2. FULL NAME

L. C. Smith
 (a) Residence No. 63 Main St. St. _____ Ward _____
 (Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. L. C. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	5	14	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cape County, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER J. M. Smith

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

12. MAIDEN NAME OF MOTHER Liscomb

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

14. INFORMANT Mrs. L. C. Smith
 (Address) 63 Main

15. FILED 2/18 1931 W. C. Kaempfer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931
 17.

I HEREBY CERTIFY, That I attended deceased from _____
Feb-2, 1931 to Feb-17-31, 1931
 that I first saw h. _____ alive on Feb-17-31, 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis- Cardiac Dropsy.
9519 (duration) yrs. mos. ds.
1324

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

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical obsery.
 (Signed) J. D. [Signature] M. D.
 19 (Address) Cape Girardeau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Loumier DATE OF BURIAL Feb-20 1931

20. UNDERTAKER Al Bunkoff ADDRESS 536 [Address]

Exact statement of OCCUPATION is very important.

