

WHITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT. 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.

6684

1. PLACE OF DEATH

County Callaway
Township Shaverton
City Shaverton (No.)

Registration District No. 726
Primary Registration District No. 5958

File No.
Registered No. St. Ward

2. FULL NAME

Abner D. Smith
(a) Residence. No. R 9 D #3 Hannibal 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 Fannie Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 - -
8. OCCUPATION OF DECEASED 53E Retired Justice (Peace)
(a) Trade, profession, or particular kind of work 131
(b) General nature of industry, business, or establishment in which employed (or employer) 132D
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Wasson Co, Virginia

10. NAME OF FATHER Wm. J. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Sarah Ann Elger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia

14. INFORMANT Fannie Smith
(Address) R 9 D #3 Hannibal Mo

15. FILED 7/11/13 Elizabeth Ragan REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1931

17. I HEREBY CERTIFY, That I attended deceased from 8:25 p.m. 1931, to Feb 12 1931, and that I last saw him alive on Feb 10 1931, and that death occurred, on the date stated above, at 8:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease
(Chronic) carcinoma of
back of neck (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF BIRTH not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? general symptoms
(Signed) A. X. Chas. test M. D.

, 19 (Address) Hannibal 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 Antioch DATE OF BURIAL Feb 14 1931

20. UNDERTAKER Wm M Smith ADDRESS 902 Broadway Hannibal Mo

