

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

27167 Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1008**  
 City St. Louis Mo. City Hospital File No. \_\_\_\_\_ Registered No. **8431**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Baby Smith Twin #1  
 (a) Residence, No. 1919 Biddle St. 21 Ward. (If nonresident, give city or town and State)  
 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-31  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER 13. NAME Charlie Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT A. H. Hughes Death City Hosp #2  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE POTTERS FIELD DATE 8-6-1931

19. UNDERTAKER W. J. ...  
 (ADDRESS)

20. FILED NOV - 4 1931  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25 1931  
 22. I HEREBY CERTIFY, That I attended deceased from 7-13 1931 to 7-25 1931  
 I last saw him live on 7-25 1931. Death is said to have occurred on the date stated above, at 11:30 m.  
 The principal cause of death and related causes of importance were as follows:

108  
Tuberc Pneumonia 5 day  
 Other contributory causes of importance:   
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Auto post Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. M. Smith M. D.  
 (Address) City Hosp #2

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.

