WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

791 39074

1003

File No. 11243

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 1203 a Tower Grove St. ..... Ward)

2. FULL NAME John D Smith

(a) Residence, No. 1203 a Tower Grove St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight Agent

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) Georgia

FATHER

13. NAME Unknown Smith

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Olivia Smith
(ADDRESS) 1203 a Tower Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo Crematory DATE Nov 19 1931

19. UNDERTAKER Wm Auchmuster Mud Co
(ADDRESS) 4234 Manchester Ave

20. FILED NOV - 8 1931, 19 Max C Starkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 7, 1931

I last saw him alive on Nov 7, 1931. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	Nov 7-31
(Hematemesis)	
124 B	
117 A	
118	

Other contributory causes of importance:

Cirrhosis of Liver	2½ yrs
124 B	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Whitman Hall, M. D.

(Address) 1625 Tower Grove Ave