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

Do not use this space.

File No. 4257
Registered No. 4

1. PLACE OF DEATH
County Franklin
Township Salvey
City (or Village) Robertsville, Mo (No. ..... St. ..... Ward)
Registration District No. 2 3
Primary Registration District No. 3 4 1 6

36

2. FULL NAME Richard Smith

(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.

MAR 22 1932

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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Ann Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	2	2	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Leigh
(STATE OR COUNTRY) Lancashire England

PARENTS

10. NAME OF FATHER Henry Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Sarah Ann Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Mrs Mary Bay
(Address) Robertsville, Mo

15. FILED Feb. 15 1932 Helen M. Hiebert REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14th 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 7th 1932 to Feb 14th 1932 that I last saw ~~him~~ alive on Feb 14th 1932 and that death occurred, on the date stated above, at 4:08 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
110
108
108
108 Influenza (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 110
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) C. F. Briegel, M. D.
Feb 14 1932 (Address) St Clair, 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 Mt Olive Ch yd. Co Court H. — DATE OF BURIAL 2/16 1932

20. UNDERTAKER Wm. Casey & Co — ADDRESS St. Clair, Mo