

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

Do not use this space.

35730

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Ham. City Mo. Primary Registration District No. ....  
City Ham. City Mo. (No. ....) St. .... Ward (....)

File No. ....  
Registered No. 4235  
St. .... Ward (....)

**2. FULL NAME**

(a) Residence No. John E. Smith, Jr. St. .... Ward Clinton Mo.  
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>7</u>	<u>10</u>	<u>23</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER John E. Smith  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Mo.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Effie Bush  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Mo.  
(STATE OR COUNTRY)

14. INFORMANT John Smith  
(Address) Clinton Mo.

15. FILED Nov. 11, 1932 M. M. Coxson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1932  
17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932 to Nov 10, 1932 that I last saw him alive on Nov 11, 1932 and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
171A  
171B Ruptured Peritonitis  
(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured Sanguis  
appendix (duration) .... yrs. .... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Clinton Mo.  
IF NOT AT PLACE OF DEATH Clinton Mo.  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 8/32

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Cholera  
(Signed) Dr. Henry J. Conley M. D.  
, 19 (Address) 2801 Flora Ke 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 Clinton Mo. DATE OF BURIAL 11-11 19

20. UNDERTAKER O. V. Mark ADDRESS 3046 Main

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.

