

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

Do not use this space.

3615

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **554**

City **St. Louis** (No. **Mo Baptist Hospital**)

St. Ward)

2. FULL NAME

Pete Smith

(a) Residence, No. St., **12** Ward. **Greenville Ill**

(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 **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 **Sella Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 21-1859**

7. AGE YEARS **73** MONTHS DAYS **24** If LESS than 1 day, hrs. or min.

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

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

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) **Ill**

13. NAME **John Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

15. MAIDEN NAME **Elizabeth Hubbard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**

17. INFORMANT **Howard Smith** (ADDRESS) **Greenville Ill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenville Ill** DATE **1-18 33**

19. UNDERTAKER **Donnell and Co.** (ADDRESS) **Greenville Ill**

20. FILED **JAN 16 1933** **Map C Stadel** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan-15 1933**

22. I HEREBY CERTIFY, that I attended deceased from **Jan-14-1933**, to **Jan-15-1933**, last saw him alive on **Jan-14-1933** Death is said to have occurred on the date stated above, at **12:04 a.m.**

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

Apoplexy of Mesenteric Vessels (Thrombosis of " " Operation for Mesenteric Thrombosis

Other contributory causes of importance: **Arterio Sclerosis**

Name of operation **Exploratory Lapotomy** Date of **Jan 17 33**
What test confirmed diagnosis? Was there an autopsy? **Yes**

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? **No**
If so, specify. **Cleveland H. Smith** (Signed) **305 Michigan Bldg** M. D.
(Address) **St Louis Mo**

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.

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