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

Do not use this space.

27510

File No.

Registered No. 7755

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. Missouri Baptist St. Ward)

2. FULL NAME John William Smith

(a) Residence, No. 1821 Geyer St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Cornelia Smith.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52.	4	17	

OCCUPATION

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

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) Retrd 15 Yrs.

11. Total time (years) spent in this occupation 20.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Mo.

FATHER

13. NAME W. H. Smith

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

MOTHER

15. MAIDEN NAME Ellen Woodson

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

17. INFORMANT (ADDRESS) Chester Smith 1832a Lafayette.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenville Mo DATE July 29 1934

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2317 Lafayette

20. FILED JUL 31 1934 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1934, to July 27 1934,
I last saw h... alive on July 27 1934 Death is said to have occurred on the date stated above, at 3.45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Decompensation	
9518	
9518	
191	
Other contributory causes of importance:	
Hernia, inguinal	1905

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 Yes

(Signed) T. Farris, M. D.
(Address) Midwest Clinic Bldg

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 UNFADING INK—THIS IS A PERMANENT RECORD

AUG 2 - 1934

V. S. No. 2
100M-11-24-33

1. De Farmer

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