AUG 23 1935

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

Do not use this space.

25781

1. PLACE OF DEATH
County Cape Girardeau, Mo. Registration District No. 125
Township Primary Registration District No. 3009
City Cape Girardeau (No. Mo., 37 Water St. St. Ward)

File No.
Registered No. 211

2. FULL NAME Rufus Smith
(a) Residence, No. 37 Water St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 - 1903

7. AGE YEARS 32 MONTHS 4 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Bollinger County Mo.

FATHER
13. NAME L. C. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

MOTHER
15. MAIDEN NAME Carie Copen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

17. INFORMANT (ADDRESS) Mrs. L. C. Smith Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimer DATE Aug. 5, 1935

19. UNDERTAKER (ADDRESS) Brinkopf Howell Cape Girardeau Mo.

20. FILED Aug 4, 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to Aug 3, 1935
I last saw him alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	4/15/35

Other contributory causes of importance:

Alcoholic Halucinosis (acute)	4/10/35

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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
(Signed) Sylvester Doggett, M. D.
(Address) Cape Girardeau Mo

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.