

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

Do not use this space.

Long.
34674

1. PLACE OF DEATH

County Pitts

Registration District No. 668

Township Sedalia

Primary Registration District No. 3030

City Sedalia

(No. 1703)

So. Marvin

File No. _____

Registered No. 297

St. _____ Ward) _____

2. FULL NAME

Thomas D. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Annita Smith

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

Apr. 21, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

5

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

N. L. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Martha Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT

(Address)

Mrs. T. D. Smith

Sedalia Mo

15.

FILED 10-25, 1929

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1929 to Oct. 20, 1929, and that I last saw him alive on Oct. 20, 1929, and that death occurred, on the date stated above, at 11:59 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Paraneoplasia
Myeloid
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Hypertrophied Prostate
Myeloid
(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Place of death

No DATE OF _____

No

Chronic & Acute

Frank B. Long, M. D.

Oct. 19, 1929 (Address) Sedalia 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

DATE OF BURIAL

Abell Cemetery

10/22 1929

20. UNDERTAKER

ADDRESS

Gillespie

Sedalia

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.

262

1
2

80
1929
82

