

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.

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

PLACE OF DEATH

County _____
Township _____
or
Village _____
or
City _____

3 copies

Registration District No. 791
Primary Registration District No. 1003

File No. 30949
Registered No. 7786

(NO. 4037 Camellia St., 21 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ralph Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH July 21, 1857
(Month) (Day) (Year)

AGE 61 yrs. 5 mos. 13 ds. IF LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Westlake Con. Co.

BIRTHPLACE
(City or town, State or foreign country) England

PARENTS
NAME OF FATHER Unknown
BIRTHPLACE OF FATHER (City or town, State or foreign country) England
MAIDEN NAME OF MOTHER Anna May White
BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard A. Smith
(ADDRESS) 4037 Camellia Ave

Filed SEP -8 1912 1912 Mar 6 Starkloff

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from August 14, 1912, to Sept 6, 1912, that I last saw him alive on Sept 6, 1912, and that death occurred, on the date stated above, at 5 A. m. The CAUSE OF DEATH* was as follows:

82A
97
Apoplexy Cerebral
(Duration) ___ yrs. ___ mos. 1 ds.
Contributory Arterio Sclerosis
(SECONDARY) (Duration) ___ yrs. ___ mos. 22 ds.

(Signed) D. M. Gibson M. D.
Sept 7, 1912, (Address) 4037 Washington Blvd

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Bethania DATE OF BURIAL Sept 7, 1912

UNDETAKEE John Chensier Sum ADDRESS 6 E. Biddle St

REGISTERED

