

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

Do not use this space.

1092

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 825 S Grant) St. Mo. Ward

File No.   
 Registered No. 27  
 St.  Ward

**2. FULL NAME**

George O. Smith  
 (a) Residence No. 825 S Grant St. Mo. 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 11 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Patrick Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT George Smith  
 (Address) Springfield, Mo.

15. FILED 1/29/29 19 29 W.C. Horst MO REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 3:15 p.m. and that death occurred, on the date stated above, at 3:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
Old Post Sore  
95 B (Influenza)  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. Schell M. D.  
 , 19 29 (Address) SPRINGFIELD, 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 Maple Park Cem DATE OF BURIAL 1-8 19 29

20. UNDERTAKER Alma Schmeyer ADDRESS 534 1/2 N. Main

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.

WHILE PRINTING WITH OPA-DRIVING INK—THIS IS A PERMANENT RECORD

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