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

Do not use this space.

11604

File No. 24

Registered No.

1. PLACE OF DEATH

County: Montgomery — Registration District No. 372

Township: — Primary Registration District No. 4320

City: Montgomery (No. ..... St. ..... Ward)

2. FULL NAME John Smith

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

Length of residence in city or town where death occurred 15 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	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Lincon Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Greenberry Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Sarah Hedges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Lincon Co Missouri

14. INFORMANT Mrs Edna Pearson
(Address) Montgomery City Missouri

15. FILED 4/10 1929 D. J. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/26/29 19

17. I HEREBY CERTIFY, That I attended deceased from 3/22 1929, to 3/26 1929, that I last saw h. alive on 3/25 1929, and that death occurred, on the date stated above, at 5:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
31
Gall
13 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Chron Int Nephritis Unknown (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? Clinical

(Signed) E. W. Tinsley, M. D
3/27 1929 (Address) Montgomery City 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: Middletown Cemetery — DATE OF BURIAL: 3/27/29

20. UNDERTAKER: C. W. Hopkins — ADDRESS: Montgomery City Mo.

11. 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.