MAR 24 1930

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

Do not use this space.

1. PLACE OF DEATH
County Andrain — Registration District No. 26 — File No. 3953
Township Salt River — Primary Registration District No. 8002 — Registered No. 21
City Mexico Mo. (No. ..... St. ..... Ward)

2. FULL NAME Robert Smith
(a) Residence. No. 427½ D. ave. Lawton Okla. St. ..... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6 – 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	5	1	

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

9. BIRTHPLACE (CITY OR TOWN) Fairmount
(STATE OR COUNTRY) W. Va.

PARENTS
10. NAME OF FATHER D. N.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. N.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER D. N.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) D. N.

14. INFORMANT Mrs. Ray Smith
(Address) 427½ D. ave. Lawton

15. Filed 9th 1930 Ira S. Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 – 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Feb 7, 1930 that I last saw him alive on Feb 7, 1930, and that death occurred, on the date stated above, at 11:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis following acute purulent appendicitis
1216
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1176
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Mexico Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/28/30 – 2/7/30
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical findings
(Signed) H. C. Brashear, M. D.
2/7/1930 (Address) Mexico 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: Lawton Okla. — DATE OF BURIAL 19
20. UNDERTAKER: McPheeters Bros. — ADDRESS: Mexico 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.

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