

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

Do not use this space.

10860

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 2537 Bacon)

File No.

Registered No. 2885

St. Ward)

2. FULL NAME Harold Smith

(a) Residence. No. 2537 Bacon St. 11 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

Male

4. COLOR OR RACE

White

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

Married

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

Rose Smith

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

April 14, 1904

7. AGE

YEARS 25

MONTHS 11

DAYS 5

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cleaner + Presser

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

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN)

Indianapolis

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Charles Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Grace Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14.

INFORMANT

(Address)

Robert Abbott

2537 Bacon

15.

FILED

21 1930

New C. Storken

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 19 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8-1930, 19 to March 19-1930 19 that I last saw him alive on March 19 1930, and that death occurred, on the date stated above, at 10:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
23A

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS K

(Signed) Paul B. Welch, M. D.

3/19 1930 (Address) 230 Metropolitan Bldg

*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

Indianapolis, Ind.

Mar 19 30

20. UNDERTAKER

ADDRESS

Arnold & Co. 270 M. Grand

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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