

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

Do not use this space.

25658

**1. PLACE OF DEATH**

County Texas Registration District No. 863  
 Township Piney Primary Registration District No. 6137  
 City Houston (No. .... St. .... Ward)

File No. ....  
 Registered No. 17  
 St. .... Ward)

**2. FULL NAME**

Andy Smith  
 (a) Residence. No. .... St. .... 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Smith  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 1845  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 8 23

**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) Self  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cole County Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER James Smith  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Susan McKinney  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Kirby Smith  
 (Address)

15. FILED 7-19-30 J. P. Mammack  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1930  
 17. I HEREBY CERTIFY, That I attended deceased from May 15 1929 to July 19 1930  
 (that I last saw him live on May 15 1930 and that death occurred, on the date stated above, at 10 P. m.)

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

Organic heart disease  
95 B

(duration) yrs. 17 mos. .... da.  
 CONTRIBUTORY (SECONDARY) 90B  
 (duration) yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. P. Mammack, M. D.  
 , 19 (Address) Houston 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 Oak Crest Cemetery DATE OF BURIAL July 20 1930  
 ADDRESS

20. UNDERTAKER Gaylord W. Elliott Houston Mo

1930 26 1930

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