

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

Do not use this space.

26348

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. St. John's Hospital)

File No.....

Registered No. 7489

St.....

Ward)

2. FULL NAME

(a) Residence. No.....

St. 12

Ward. Festus Mo

(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

W.

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

Married

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

Mary Smith

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

Aug 27, 1857

7. AGE

YEARS

73

MONTHS

10

DAYS

5

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Francis Co.

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Stephen Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Sarah Arkum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

14. INFORMANT

(Address)

Mary Smith

Festus Mo

15. FILED

JUL -3 1931

Wm. C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

July 2 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to July 2, 1931. That I last saw h. i. m. alive on July 2, 1931, and that death occurred, on the date stated above, at 12:10 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac failure
SID

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Malignant Tumor

(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

Cross Section (Pathology)

(Signed)

David Buford Johnson

M. D.

, 19

(Address)

204 University Club

*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

Festus Mo

DATE OF BURIAL

7, 5 1931

20. UNDERTAKER

Orestes & Vineyard

ADDRESS

Festus Mo

WHITE PRINTING, 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.

Dr. J. C. P. ...
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