

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

Do not use this space.

2581

744.  
3035.

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** JAMES P. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28 1851

|        |           |           |          |  |
|--------|-----------|-----------|----------|--|
| 7. AGE | YEARS     | MONTHS    | DAY      | If LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>79</u> | <u>11</u> | <u>8</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Patrick S. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) VA.

12. MAIDEN NAME OF MOTHER Mary Shaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

14. INFORMANT Forrest Smith  
(Address) Jefferson City, Mo.

15. FILED 1-8-31 1931 B. E. Fay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1931 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-1 to 1-6 1931  
that I last saw him alive on 1-6 1931, and that death occurred, on the date stated above, at 10:20 p m.

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

Lobar Pneumonia

organic heart disease (duration) 6 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) disease (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

At home AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Thos. J. Cook M. D.

1-7 1931 (Address) Richmond 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 Hickory Grove DATE OF BURIAL 1-8-31 1931

20. UNDERTAKER C...JOHNSON ADDRESS RICHMOND MO.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 21 1931

