

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

Do not use this space.

23806

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. 1202 So Grand)

File No.

Registered No. 196

St.

Ward

2. FULL NAME

Turner Frank 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

W

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)

Jan 30 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

11

6

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.....

(b) General nature of industry,

business, or establishment in

which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Turner Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Hellie Coats

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT

(Address)

Turner Smith

Sedalia MO

15.

FILED

7-31-30

J. G. LOVE

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 30 1930

I HEREBY CERTIFY, That I attended deceased from body

that I last saw body alive on July 30, 1930, and that

death occurred, on the date stated above, at body m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Died suddenly probably organic heart trouble

95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. Beshy Coats M. D.

, 19

(Address)

Sedalia 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

DATE OF BURIAL

Smith Cemetery

8/1 1930

UNDERTAKER

Tillespie

ADDRESS

Sedalia

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.

