

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

1 PLACE OF DEATH  
Country Jackson  
Township Kau  
or  
Village  
or  
City Kansas City (No. 1516 Locust) St. Ward

Registration District No. 809 File No. 6205  
Primary Registration District No. 7009 Registered No. 1949

2 FULL NAME Wm F Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widower  
6 DATE OF BIRTH Unknown  
(Month) (Day) (Year)  
7 AGE about 58 yrs. mos. ds. If LESS than 1 day... hrs. or... min.?

OCCUPATION Trade, profession, or particular kind of work Furniture upholsterer  
General nature of industry or establishment in which employed (or employer) Ohio  
8 BIRTHPLACE (City or town, State or foreign) Ohio  
10 NAME OF FATHER Smith  
11 BIRTHPLACE OF FATHER (City or town, State or foreign) Don't know  
12 MAIDEN NAME OF MOTHER UNKNOWN  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs Bertha Young  
(Address) 1516 Locust

15 MAR 2 1917 1917  
Geo P. Viper  
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 15, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from in Dept. of Medicine 1917 to 1917  
that I last saw h... alive on 1917  
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH\* was as follows:  
(No 37) Acute  
Myocarditis  
(Duration) yrs. mos. ds.

CONTRIBUTORY Chronic Hypertension  
(Secondary) (Duration) yrs. mos. ds.  
(Signed) J. H. Smith M.D.  
1917 (Address) 1215 North

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
at place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Highland Park DATE OF BURIAL 3-5 1917  
20 UNDERTAKER Freeman & Malin ADDRESS 3196 Main

Exact statement of OCCUPATION is very important. If information should be carefully supplied, so that it may be properly recorded.

