

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

Do not use this space.

17  
29211

File No. 4043  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Rail Primary Registration District No. 1002  
 City Kansas City (No. 5240 Belleview)

**2. FULL NAME** Leon Smith

(a) Residence. No. 5240 Belleview 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 53 6 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant (duration) 6 yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER J. Woodson Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co.  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mamie Huston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Arrow Rock, Mo.

14. INFORMANT Dr. D. Walton Hall  
 (Address) 1000 Weston Road

15. FILED 11/3, 1924 M. M. Cerawe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31, 1924

17. I HEREBY CERTIFY That I attended deceased from March 1, 1924, to Oct 31, 1924  
 that I last saw him alive on Oct 31, 1924, and that death occurred, on the date stated above, at 8:20 A. M.

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

Uremia - Chronic nephritis - hyper tension

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF BIRTH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Alshon Saphary M. D.  
Nov 3, 1924 (Address) Washburn Bldg. Kansas City 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem DATE OF BURIAL 11/3 1924

20. UNDERTAKER Stine & Co. Cleve ADDRESS 924 Oak

N. B.—Every item of information shown on certificate is important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of———(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

The active illness which caused death was chronic nephritis and uremia of six weeks duration. Patient had been up and about at his duties till that time, tho the nephritic change probably existed for some some weeks before active symptoms developed.

The diagnosis of hypertension of six years duration was based solely on the history obtained from the deceased that some physician had discovered six years previously, that his blood pressure was elevated. It was my opinion that this condition was probably simple essential hypertension, independent as this disorder is of any organic disorder.

Jan 27/25 A. Sophian M.D.

49211-14

**MISSOURI STATE BOARD OF HEALTH**  
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**CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. 5240 Belleview) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Leon Smith  
 (a) Residence No. 5240 Belleview 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>6</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
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9. BIRTHPLACE (CITY OR TOWN) Arrow Rock  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. Woodson Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Winnie Houston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arrow Rock  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Dr. A. Walton Hall  
 (Address) 1000 Madison Road, S.E. Mo.

15. FILED 11/3 1924 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31<sup>st</sup> 1924

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1924 to Oct 31<sup>st</sup>, 1924  
 that I last saw him alive on Oct 31<sup>st</sup>, 1924, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremia Chronic nephritis  
Hypertension

(duration) 6 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? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Abraham Saphra M. D.

no 3, 1924 (Address) Walstein Bldg - K.C.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL 11/3 1924

20. UNDERTAKER Atine & McElvire ADDRESS \_\_\_\_\_

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RESE

Supplementary

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