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

Do not use this space.

24377

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1214 Paseo St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME George Smith
(a) Residence. No. 1214 Paseo St., 2 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1869

7. AGE: Years 58 | Months | Days 26 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waiter
(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): Louisiana

PARENTS
10. NAME OF FATHER: William Abbington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): La.
12. MAIDEN NAME OF MOTHER: Catherine Hullum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La.

14. INFORMANT: Mrs George Smith
(Address) 1214 Paseo

15. FILED 8-13, 1927 M M Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/10 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to Aug 10, 1927 that I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 5 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis with decompensation
Chronic Interstitial Nephritis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? from Clinical symptoms
(Signed) Vernon A Wilkerson, M.D.
8/11, 1927 (Address) Shannon Bldg - 18th & Vine

*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: Highland Cem.
DATE OF BURIAL: 8/13 1927

20. UNDERTAKER: Watkins Bros
ADDRESS: 1729 Lydia

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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD