

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

Do not use this space.

37158

1. PLACE OF DEATH

County Jackson
Township Kear
City K.C. Mo.

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward

2. FULL NAME

George Wayne Stith

(a) Residence No. 3715-E-10th St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 9 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-27-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
				<u>84</u>	<u>10</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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) Kentucky

10. NAME OF FATHER

Wayne Stith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER

Miss Thrall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

14.

INFORMANT Slidee Combs
(Address) 3715-E-10th St.

15.

FILED 12-31-27 M. M. Crowe
REGISTRAR Dist

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 12/24 to 12/29 1927 that I last saw him alive on 12/29 at 9:30 a.m. and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Branchial Pneumonia
100A

CONTRIBUTORY (SECONDARY) Severe disability
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) D. R. Russell M. D.

12/30 1927 (Address) 3231 E-11th

*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

Butler Mo. DATE OF BURIAL Dec 31 1927

20. UNDERTAKER

Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

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