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

Do not use this space 1423

File No. 447
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1007
City: Kansas City (No. 22 East 68th St. Ward)

2. FULL NAME Huston Bartlett Smith

(a) Residence. No. 22 East 68th St 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Eleanor Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	11	

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

PARENTS
10. NAME OF FATHER Hugh Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Rebecca Norvel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) South Carolina

14. INFORMANT Isaac J. Curry
(Address) 22 East 68th St

15. FILED Jan 31, 1928 M. M. Cosgrove Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-7-27 to 1-31-28 that I last saw him alive on 1-31-28, and that death occurred, on the date stated above, at 6:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
Left Side
Chronic
(duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Eugene Barbaugh M.D.
1-31 1928 (Address) 531 Argyle

*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: Mt Moriah — DATE OF BURIAL: 1-31-1928
20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

R. 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.

Dr. Eugene Carvallo
531 Argyle Bldg.