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

Do not use this space.

9113

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Dan — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Kansas City Genl Hosp St. ..... Ward)

2. FULL NAME Smith, Britton W

(a) Residence. No. 404 W. 17th 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: Anna Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 16th 1852

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 5 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Invalid 12 yrs.

(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) Missouri

PARENTS

10. NAME OF FATHER: William Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER: Maria Tillispie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT: Rena Clerk
(Address) K.C. General Hosp

15. FILED 3/22, 1928 M. M. Crowe
Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-9, 1928, to 3-21, 1928 that I last saw him alive on 3-21, 1928, and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cerbral Hemorrhage (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 7401

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. E. Williams, M. D

3-22, 1928 (Address) Supt K.C. Genl Hosp

*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: Laredo Mo — DATE OF BURIAL: Mch 23 1928

20. UNDERTAKER: Mrs. C. L. Fowler — ADDRESS: K. C. Mo

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.

[illegible] UNFADING INK—THIS IS A PERMANENT RECORD