

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Shaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 6 Campbell

File No. 13326  
Registered No. 11355  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert Smith

(a) Residence. No. 2115 Campbell St. 4 Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

Caucasian

**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 9, 1884

**7. AGE**

YEARS 43 MONTHS 9 DAYS 6  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Armour & Co

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Reno

(STATE OR COUNTRY) Kansas

**10. NAME OF FATHER**

John Smith

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Marshall

(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER**

Sophie Edlitt

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Parkville

(STATE OR COUNTRY) Missouri

**14.**

INFORMANT Ada Shaw  
(Address) 2115 Campbell

**15.**

FILED 4-12-28 M. M. Crewe  
REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

4/11 1928

**17.**

I HEREBY CERTIFY That I attended deceased from Sept 1, 1928, to Apr 11, 1928 that I last saw him live on Apr 10, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.

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

Chronic Toxic nephritis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS? Microscopic**

(Signed) [Signature] M. D.

, 1928 (Address) 1572 N. 28th

\*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**

Hestlawn Cem

**DATE OF BURIAL**

4/14 1928

**20. UNDERTAKER**

Harkins Bros.

**ADDRESS**

1729 Lydia

K. 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.

THIS IS AN ENVIRONMENT RECORD

S H Thompson.