

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

Do not use this space.

13566

1. PLACE OF DEATH
 County..... Jackson Registration District No..... 399
 Township..... Kaw Primary Registration District No..... 1002
 City..... Kansas City (No. Gladstone Hotel; 9th & Lonnst.) St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME..... George Earle Smith
 (a) Residence. No. Gladstone Hotel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Musician
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wesley, Neb.
 (STATE OR COUNTRY) Neb.

PARENTS
 10. NAME OF FATHER George E. Smith
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Viola B. Mc Kiernan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Iowa

14. INFORMANT E. L. Brown
 (Address) Wadsworth, Kansas

15. FILED 4/27 1928 W. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1928
 17. I HEREBY CERTIFY, That I attended deceased from
 19....., to 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholism
 (duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY).....
 (duration)..... yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Paul Garbungh, M. D.
4/26, 1928 (Address) Wesley, Neb.

*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 Canton, Missouri DATE OF BURIAL 4/27/28 19

20. UNDERTAKER P. V. LINDSEY & SONS ADDRESS City

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.

