

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

Do not use this space.

16205

1. PLACE OF DEATH  
 County Bulchauer Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001  
 City St Joseph (No. ....) St. .... (Ward) .....

2. FULL NAME Ida Henrietta Smith  
 (a) Residence. No. 2303 Mitchell St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 41 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Harry Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14<sup>th</sup> 1887

7. AGE:	YEARS	MONTHS	DAYS	IF LESS than I day, .... hrs. or .... min.
	<u>40</u>	<u>11</u>	<u>25</u>	

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

9. BIRTHPLACE (CITY OR TOWN) ....., (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ben Hornum

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

12. MAIDEN NAME OF MOTHER May Bray

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

14. INFORMANT H. J. Smith  
 (Address) 2303 Mitchell

15. FILED MAY 10 1928 John J. ... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1928, to May 9, 1928, that I last saw him alive on May 9, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of colon  
46 (duration) 1 yrs. .... mos. .... ds.  
 CONTRIBUTORY none (SECONDARY) (duration) .... yrs. .... mos. .... ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF April 8/28  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Laboratory  
 (Signed) J. J. ..., M. D.  
5/10, 1928 (Address) Schneider Bldg.

\*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 Int. Bulchauer DATE OF BURIAL May 11<sup>th</sup> 1928

20. UNDERTAKER J. H. ... ADDRESS 215 80  
1014

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.

PERMANENT RECORD

