WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
16225

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 2219 Marion St. St. Ward)
File No.
Registered No. 617

2. FULL NAME: James Taylor Smith
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug, 23, 1862
7. AGE: Years 65, Months 8, Days 18, If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cashier & Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Combe Printing Co.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Liberty, Ohio.

PARENTS
10. NAME OF FATHER: Samuel Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Ray B. Van Zant
(Address) 2219 Marion St.
15. FILED MAY 14 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 11, 1928 19
17. I HEREBY CERTIFY, That I attended deceased from April 26, 1928, to May 11, 1928 that I last saw him alive on May 5, 1928 and that death occurred, on the date stated above, at 11.45 P.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary edema - asthma 20 min. 20 min.
Arteriosclerosis (duration) 3 yrs. mos. ds.
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? Clinical History
(Signed) J. M. Doyle, M. D.
5/14/1928 (Address)

*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: West Liberty, Ohio.
DATE OF BURIAL: May, 15, 1928
20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.