

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

Do not use this space.

36828

4465

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 3414 Coleman Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Bernard Smith

(a) Residence. No. 3414 Coleman Road 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Paving Contractor  
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Thomas Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Bridget McCabe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Joseph Overly  
(Address) 3414 Coleman Road

15. FILED 11/5 28 M. J. Conne REGISTRAR  
Rast

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1928 19

17. I HEREBY CERTIFY, That I attended deceased from August 1928, to November, 1928 that I last saw h. was alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11/128 m. 555 am

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis, Chronic

CONTRIBUTORY (SECONDARY) 90 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) John O. Renner M. D.  
10/5 28 (Address) 325 Lehigh Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES, STATE (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery DATE OF BURIAL 11/6/28 19

20. UNDERTAKER Quirk & Tobin--20 W Linwood ADDRESS \_\_\_\_\_

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.

