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.

1273

40523

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 40523
Township Raw — Primary Registration District No. 1602 — Registered No. 4895
City Kansas City (No. 2437 Woodland St. Ward)

2. FULL NAME Theodore Smith
(a) Residence. No. 2437 Woodland 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 M. — 4. COLOR OR RACE Col. — 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) Nov. 12, 1928.

7. AGE — YEARS — MONTHS — DAYS 70 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Theodore Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bonnie McClain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Bonnie Smith
(Address) 2437 Woodland

15. FILED 12/4 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/2 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1-28 19.., to 12-1-28 19.., that I last saw h... alive on 12-1-28 19.., and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malnutrition
158
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Obstinate,
(duration) ..... yrs. ..... mos. ..... ds.

160

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Henry B. Lyons M.D.
12/3, 1928 (Address) 1523-8-18th St.

*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 Highland — DATE OF BURIAL 12/4 1928

20. UNDERTAKER Hatkins Bros. — ADDRESS 1729 Lydia

A. B. Lyons