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.

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1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 83

City: St. Joseph, (No. Faraon St. Between 18th. & 19th. Sts. St. Ward)

2. FULL NAME: Gene Crawford Smith

(a) Residence. No. 2205 Seneca St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 1, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	14	0	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In School.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: 0

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewartsville, Mo.

PARENTS

10. NAME OF FATHER: James Everett Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Rockport, Mo.

12. MAIDEN NAME OF MOTHER: Elsie Sampson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): DeKalb, Mo.

14. INFORMANT: J.E. Smith
(Address) 2205 Seneca St.

15. FILED JAN 21 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan, 18, 1929 19

17. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from on Jan, 19, 1929, to 19, that I last saw h alive on 19, and that death occurred, on the date stated above, at 8.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accident Fracture of Skull and right Femur Bone Result of Coasting and Running into auto at 14 & Faraon (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 10 1929 (duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B.W. Tadlack Coroner, M.D.
1/19, 1929 (Address) St Joseph Mo

*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	DATE OF BURIAL
Mt. Auburn Cemetery	Jan, 21, 1929
20. UNDERTAKER: Walter Meinhoffer	ADDRESS: 1302 Faraon St.