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

Do not use this space.

1659

399

File No. 250

Registered No. .....

1. PLACE OF DEATH
County Jackson Registration District No. .....
Township Kaw Primary Registration District No. 1002
City Kansas City 906 East 14th St. Ward)

2. FULL NAME Charles N. Smith

(a) Residence. No. 906 E. 14th St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	26	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Will N. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Belle Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas

14. INFORMANT Mrs. Belle Penne
(Address) 906 East 14th St.

15. FILED 1-17-29 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 16, 1929
that I last saw h. alive on Jan 16, 1929, and that
death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Lobar Pneumonia
100
(duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

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? Physical Exam
(Signed) Solomon D. Sarasy, M.D.
1/16, 1929 (Address) 710 Bryant Bldg K.C. 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 Mt. Oak Crem Cem | DATE OF BURIAL Jan 18 1929
20. UNDERTAKER J. A. Newcomer & Sons | ADDRESS K.C. Mo

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.

2 12 29 2 48