

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

Do not use this space.

6651

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 816
 Township Kearney Primary Registration District No. General Hospital #2 Registered No. 816
 City Kansas City (No. General Hospital #2 St. 3 Ward)

2. FULL NAME

James Smith
 (a) Residence No. 1743 Jefferson St. 3 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | 8 | - | -

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

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

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Forest Smith son
 (Address) 4327 Penn

15. FILED 2-19-29 Dr M Lane REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-29

17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from 19 to 19
 that I last saw h. alive on 19, and that death occurred, on the date stated above, at Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
82A
Opoplexy
 (duration) 7 mos. 0 da.

CONTRIBUTORY (SECONDARY) 7401
 (duration) 7 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED 7401
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? Y DATE 1/6/29
 WAS THERE AN AUTOPSY? Y

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Dr M Lane, M. D.
 1/6/29 (Address) Deputy Coroner

*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 Richmond Mo. DATE OF BURIAL Feb. 19, 1929

20. UNDERTAKER Adkins Bros. ADDRESS 2000 E-12th

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.

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