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

Do not use this space.

398

10528

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Prairie — Primary Registration District No.: — Registered No.:

City: ~~Kansas City~~ (No.) 10057 Independence Road St. Ward)

2. FULL NAME Edward J. Smith

(a) Residence. No. 10057 Independence 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mamie M. Smith

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	7	11	

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

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

PARENTS

10. NAME OF FATHER Henry C. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Sarah Cartridge

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

14. INFORMANT Mrs Mamie Smith
(Address) 10057 Independence Rd

15. FILED 3/18 1929 — Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1925, to Mar 17 1929, that I last saw h. alive on Mar 17 1929, and that death occurred, on the date stated above, at 4.40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Esophagus
Trachea was occluded by
pressure from Carcinoma
Mar, HBP (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) HB (duration) 8 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 4.11.28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy X ray

(Signed) F. D. Webster M. D.
3/18, 1929 (Address) 4748 Prospect

*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 St. Mary's — DATE OF BURIAL 3/20 1929

20. UNDERTAKER Quick & Robin — ADDRESS 20 W. Linwood

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 189
City Independence (No. 10057 Independence Road St. Ward)

2. FULL NAME Edward J Smith
(a) Residence. No. 10057 Independence Road St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mamie M Smith

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	7	11	

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

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

PARENTS
10. NAME OF FATHER Henry P. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ann.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Partridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Mrs Mamie Smith
(Address) 10057 Independence Rd

15. FILED 5-16, 1929 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1928 to Mar 17, 1929 that I last saw him alive on Mar 17, 1929, and that death occurred, on the date stated above, at 4.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Esophagus Trachea was occluded by pressure from Carcinoma (mass) (duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-11-28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy Xray
(Signed) F. J. Wilson, M. D.
3/18, 1929 (Address) 4748 Prospect

*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 St. Marys — DATE OF BURIAL 3/20 1929

20. UNDERTAKER Quirk & Tobin — ADDRESS So W. Linwood

SUPPLEMENTARY

S-10528