Mercy Hosp

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

Do not use this space.
16211

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2110
Township Kaw — Primary Registration District No. 6102 — Registered No.
City Kansas City Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Phillip Smith
(a) Residence. No. 1561 Hill - Joplin Mo. Ward. Joplin, Mo
(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	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22. 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	7	4	24	

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

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

PARENTS
10. NAME OF FATHER Clarence Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Dollie (Unk)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk.
(Address) Mercy Hospital

15. FILED 5/17. 1930 M. M. Crowe REGISTRAR
ass't

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to May 16, 1930, that I last saw him alive on May 16, 1930, and that death occurred, on the date stated above, at 5:55 pm. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria, laryngeal + tonsillar
10
93D (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Diphtheritic myocarditis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Lab + clinical findings
(Signed) S. Pakula M.D., M. D.
5/16. 1930 (Address) Mercy Hospital KCMO

*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
Joplin, Mo.	May 17 1930
20. UNDERTAKER	**ADDRESS**
Mrs. E. L. Foster	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.