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

Do not use this space.

22915

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 2907
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Smith Joseph
(a) Residence. No. 1317 Charlotte 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) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-25-1880

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| 50 | | 7 | 17 | |

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

9. BIRTHPLACE (CITY OR TOWN) Blackwater
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Harvey Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Nettie Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 7/14, 1930 M. M. Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12- 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-25-, 1930, to 7-12-, 1930 that I last saw him alive on 7-12-, 1930, and that death occurred, on the date stated above, at 3:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Aneurism
96
93C
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams, M. D.
7-13, 1930 (Address) Supt. K. C. Gen'l Hosp.

*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 Peninsula Cem — DATE OF BURIAL July 14 1930

20. UNDERTAKER Rose & Henderson — ADDRESS City

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

**1. PLACE OF DEATH**

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

Township Kaw — Primary Registration District No. 1002 — Registered No. 2907

City KC Mo (No. K C General Hosp St. Ward)

**2. FULL NAME** Joseph Smith

(a) Residence. No. 1317 Charlotte St., 2 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-25-1880

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 50 | 7 | 17 | |

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

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

PARENTS

10. NAME OF FATHER Perry D Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kans
12. MAIDEN NAME OF MOTHER Bettie S Dunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Leonard D Smith
(Address) 808 Hardy Fairmount Sta Mo

15. FILED 10/1, 1930 M. M. Crow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12-1930

17. I HEREBY CERTIFY, That I attended deceased from 6-25, 1930 to 7-12, 1930 that I last saw him alive on 7-12, 1930, and that death occurred, on the date stated above, at 8:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

7/13, 1930 (Signed) J. C. Williams, M. D
(Address) Supt K C Genl Hosp

*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: Blackwater Mo Peninsula Cem — DATE OF BURIAL: 7/14 1930

20. UNDERTAKER: Rose-Henderson — ADDRESS: KC Mo

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.

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

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