

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

Do not use this space.

**PLACE OF DEATH**

County Platte  
Township Lee  
City Perley (No. ....)

Registration District No. 694  
Primary Registration District No. 5921

File No. 23894  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Isaac Woodson Smith  
(a) Residence. No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72 1 8

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

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

**PARENTS**  
10. NAME OF FATHER don't know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....  
12. MAIDEN NAME OF MOTHER don't know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

14. INFORMANT Mrs. R.T. Wells  
(Address) 3240 Agnes Ave., K.C. Mo.

15. FILED 7/7 1930 Elizabeth Newman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1930<sup>9</sup>

17. I HEREBY CERTIFY, That I attended deceased from .....  
....., 19....., to .....  
that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Killed by passenger train on  
C.B.&O. Railway  
7.0719

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.H. Rollins, Coroner, M.D.

July 7, 1930 (Address) Platte City, 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 Greene Cemetery DATE OF BURIAL July 7 1930

20. UNDERTAKER L.F. Rollins, ADDRESS Platte City, 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.

•  
•  
•  
•

•  
•  
•

•  
•  
•

•  
•

you have to be...

Automobile  
Involved

Please sign below.

Was an automobile  
involved in  
this case? If so,  
where did accident  
occur? Name county  
and city or town.

**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 Platte  
Township Lee  
City (No. .... St. .... Ward)

Registration District No. 694  
Primary Registration District No. 3921

File No. ....  
Registered No. ....

**2. FULL NAME**

Isaac Woodson Smith

(a) Residence No. .... 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

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

7. AGE

YEARS

MONTHS

DAYS

\*If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED

Sept 30 Elizabeth Thomas  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

July 6 1930

17.

I HEREBY CERTIFY That I attended deceased from

19... to 19... that I last saw him alive on 19... and that death occurred, on the date stated above.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Killed by Passenger train on C.V.B. & Q. Railway

CONTRIBUTORY (SECONDARY)

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) 1880, M. D. 19 (Address)

\*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

20. UNDERTAKER

ADDRESS

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

SUPPLEMENTARY

1930

S(2) Z 2894