

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

Do not use this space.

26582

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo. (No. 9716)

Registration District No. 398
Primary Registration District No. 5554
6th

File No. _____
Registered No. 270
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 9716 E. 16th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1930

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

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to August 25, 1930 that I last saw h. m. alive on 8.15, 1930, and that death occurred, on the date stated above, at 10:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1866

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 1 22

Diabetic Coma

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

by
CONTRIBUTORY (SECONDARY) Risk factor (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ill.

18. WHERE WAS DISEASE CONTRACTED (300 county of residence in 14 hours) 300 county of residence in 14 hours
IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Benj. F. Smith

O DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George T. Wynn, M. D.
8/15, 1930 Address Independence, Mo.

12. MAIDEN NAME OF MOTHER Emily C. Leftwich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Mrs. Stella B. Smith 9716 E. 16th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington DATE OF BURIAL Aug 29 1930

15. FILED 8-26-30 7th Cook REGISTRAR

20. UNDERTAKER D. H. Newcomer's Sons & Co. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2:30 - 5