

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Jean  
City Kansas City (No. Kansas City General Hosp)

Registration District No. 390

Primary Registration District No. 3002

File No. 36074

Registered No. 4476

Ward

**2. FULL NAME** Smith Jesse

(a) Residence No. 613 Main St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**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)** June 6, 1904

**7. AGE**

YEARS

MONTHS

DAYS

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

26

4

29

**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)** Hannibal Mo

**10. NAME OF FATHER** Wm Smith

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

**12. MAIDEN NAME OF MOTHER** Unknown

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

**14. INFORMANT (Address)** Bevra Cleve K.C. General Hosp

**15. FILED** 11/5, 1930

M. M. Crowe  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11-5 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from 11-2 to 11-5 1930 and that I last saw him alive on 11-5 1930 and that death occurred, on the date stated above, at 9:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

**CONTRIBUTORY (SECONDARY)** 10/10

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Cen 2nd Autopsy

(Signed) P. E. Williams M. D.

11-5, 1930 (Address) Subt 7 C Gen. 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** Hannibal, Missouri

**DATE OF BURIAL** 11-9 1930

**20. UNDERTAKER** John J. Sheehan

**ADDRESS** R. E. Mo

Exact statement of OCCUPATION is very important.

