

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

Do not use this space.

39430

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blue Primary Registration District No. 1000
 City Leeds, St. K. C. Mo No. R. C. Tuberculous Hospital (Ward)

File No. _____
 Registered No. 5110

2. FULL NAME

Joseph Smith
 (a) Residence. No. 2208 East St. 11 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Refrigerator Porter
 (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) Mo

10. NAME OF FATHER Nelson Smith

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

12. MAIDEN NAME OF MOTHER Julia Fine

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

14. INFORMANT L. B. Hospital (Address) Leeds, Mo

15. FILED 12/12/30 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930, to Dec 9, 1930 that I last saw him alive on Dec 9, 1930 and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
31 (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical, Latent
 (Signed) Edwin P. ..., M. D.

(Address) 1830 Vine St. K.C. 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 Highland DATE OF BURIAL Dec 12, 1930

20. UNDERTAKER Adkins ADDRESS 2000 E. 12th

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.

