

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

Do not use this space.

1146

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chas H Smith (Pauper)  
(a) Residence No. 411 E Alton 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**

wh.

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

widower

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

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

Unknown

**7. AGE**

YEARS 47

MONTHS -

DAYS -

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

**8. OCCUPATION OF DECEASED**

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

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY) " "

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Theo Treasley  
(Address) 411 E Alton

**15.**

FILED 1-26-1931 JL Cook

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

1-25-31

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.**

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

Cardiac Hypertrophy

**CONTRIBUTORY (SECONDARY)**

degeneration (duration) yrs. mos. ds.

**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 \_\_\_\_\_

(Signed) [Signature], M. D.

1-26-1931 (Address) Independence

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Woodlawn Burying Mo

**DATE OF BURIAL**

Jan 27 1931

**20. UNDERTAKER**

OH + mitchell

**ADDRESS**

Indep 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

41  
1931  
23

