

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

Do not use this space.

10128

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo

Registration District No. 389
Primary Registration District No. 1007
(No. 2520 Park Avenue)

File No. _____
Registered No. 1402
St. _____ Ward) _____

2. FULL NAME Sherburn S. Smith

(a) Residence. No. _____ St. _____ Ward. Gardner, Kansas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 22, 1870</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>6</u>
	DAY <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Melvorn, Kansas

PARENTS

10. NAME OF FATHER Caleb S. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bangor, Maine
12. MAIDEN NAME OF MOTHER Margaret Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.

14. INFORMANT Harry J. Smith
(Address) 2520 Park Avenue

15. FILED 3/23, 1931 M. M. Corne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23/1931
17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 23, 1931, (that I last saw him alive on March 22, 1931, and that death occurred, on the date stated above, at 5:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130 Lobar Pneumonia
(duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY Acute nephritis
(SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 2520 Park Ave
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) J. G. Triemann, M. D.
3/23, 1931. (Address) 3336 Summit St.

*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 Forest Hill Cemetery DATE OF BURIAL 3/25/31,
20. UNDERTAKER Freeman Mortuary ADDRESS K. C. 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.

New Jerusalem
33rd Summit Mt
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