

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

Do not use this space.

21476

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 219)

399  
Registration District No. 1002  
Primary Registration District No. West 16th

File No. \_\_\_\_\_  
Registered No. 21476  
St. K.C. 2 Ward)

**2. FULL NAME** Arthur P. Smith

(a) Residence. No. 219 West 16th St., 1 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Willie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	4	11	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Proprietor 266  
(b) General nature of industry, business, or establishment in which employed (or employer) Parking Station  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rockport  
(STATE OR COUNTRY) Missouri 1

10. NAME OF FATHER John Smith

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

12. MAIDEN NAME OF MOTHER Mary A. Hood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia 2  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Willie Smith  
(Address) 219 West 16th - K.C.Mo.

15. FILED 6/14 1931 M. M. Leroune  
REGISTRAR  
Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 8th, 1931, to June 8th, 1931, that I last saw h. alive on June 8th, 1931, and that death occurred, on the date stated above, at June 13th 1:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis  
131  
93C  
heart history (duration) 5 yrs. mos. ds.  
CONTRIBUTORY Chronic myocarditis  
(SECONDARY)  
heart history (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) W. Carr, M. D.

6/14 1931 (Address) 1401 S.W. Wood 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 Carrollton - Mo. DATE OF BURIAL 6/15 1931

20. UNDERTAKER Gates Funeral Home ADDRESS K.C.Kans.

WRITE PLAIN INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

