

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

Do not use this space.

21715

**1. PLACE OF DEATH**

County Jackson  
Township Kay  
City Kansas City (No. 120 West 5th)

Registration District No. 13035  
Primary Registration District No. 13035

File No. ....  
Registered No. 2850 St. .... Ward)

**2. FULL NAME. PETER SMERNEOS**

(a) Residence, No. 120 West 5th St. 1 Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not Known

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 6 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. restaurant owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argos, Greece 11

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT PETER B. LAPETINA (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARY'S DATE 19

19. UNDERTAKER PETER B. LAPETINA (ADDRESS) 538 Campbell

20. FILED 6-29-19 31 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1931, to 1931.

I last saw him alive on 1931 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide fire arm Date of onset

167 167

Other contributory causes of importance: Shot through head

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? Date of injury 6/26, 1931

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Maxwell, M. D.

(Address) 537 Spring St. Rm 10

WRITE PLAINLY, 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.

