

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 2904 North 10th.)

Registration District No. 85
Primary Registration District No. 1001

File No. 30825
Registered No. 990
St. _____ Ward _____

2. FULL NAME Thomas Smith,

(a) Residence, No. 2904 North 10th. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 20 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th. 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>10</u>	<u>20</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interurban Ry. Co.
10. Date deceased last worked at this occupation (month and year) September 1931 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri,

MOTHER 13. NAME Anthony Smith,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Switzerland,

15. MAIDEN NAME Paulina Martin,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

17. INFORMANT Mrs. Thos. Smith (ADDRESS) 2904 North 10th. Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Sept. 29, 1931

19. UNDERTAKER Theater-Bell & Bowman (ADDRESS) 519 S. 10th. St. Funeral Home

20. FILED 9-28 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Carcinoma of liver following metastasis of carcinoma of bladder & prostate following operation of prostate 5/10
Other contributory causes of importance: 510
4/15

Name of operation Prostatectomy Date of Aug. 29, 31
What test confirmed diagnosis? Lab. Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (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 Careless Patter (Signed) _____, M. D.
(Address) 731 Pearson
from Dr. J. Thomas

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1931

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