

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.

34699-C

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

Do not use this space.

34699-C

1. PLACE OF DEATH

County Jackson
Township Rose
City Kansas City, Mo.

Registration District No. 552

Primary Registration District No. 2

File No. 4070
Registered No. 4070
St. _____ Ward _____

2. FULL NAME

Malvin Smith
(a) Residence, No. 422 - E. 14th St. St. 2 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 2 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 3 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Kansas City, Mo.

FATHER
13. NAME Bill Palmer

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

MOTHER
15. MAIDEN NAME Bernice Smith

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lads Mo. DATE 12-8-1931

19. UNDERTAKER (ADDRESS) West Appleton & Son
1401 E. 19th St.

20. FILED 177 1931 M. M. Corowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Oct 15, 1931
I last saw him alive on Oct 15, 1931. Death is said to have occurred on the date stated above, at 11:35 A.M.

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

Congenital heart

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical. 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? no
If so, specify _____

(Signed) Doc Miller, M. D.
(Address) Gen Hosp #2

