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

Do not use this space.

1212

File No. 250

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 218 E. 72nd Street Terrace St. Ward)

2. FULL NAME Erasmus F. Smith

(a) Residence, No. 218 E. 72nd St. Terrace Ward. 8

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	3	10	

OCCUPATION

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

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

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) Kentucky 2

FATHER

13. NAME Alexander H. Smith

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

MOTHER

15. MAIDEN NAME Mary Compton

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

17. INFORMANT (ADDRESS) Erasmus F. Smith Jr. 3818 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 1/21, 1932

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham

20. FILED Jan 21, 1932 M. M. Crouch Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Jan. 20, 1932

I last saw him alive on Jan 20, 1932 Death is said to have occurred on the date stated above, at A. m. 9:15

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

	Date of onset
Bronchio Pneumonia	
107 B	
73 A 1070	

Other contributory causes of importance: Myocarditis, Acute

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms 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 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Oltokar Hofmann, M. D.

(Address) 506 Rialto Bldg. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD