

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.

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

Do not use this space.

2061  
844

83

1932

58-23

1. PLACE OF DEATH

County Platte  
Township Dellus  
City          (No.         )

Registration District No. 695  
Primary Registration District No. 5922

File No.           
Registered No. 2  
St.          Ward         

2. FULL NAME

Robt. Norman Smith

(a) Residence, No.          St.          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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-32

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Parkville MO

13. NAME Geo. Smith

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

15. MAIDEN NAME Smith

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

17. INFORMANT (ADDRESS) Geo. Smith - Parkville MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville DATE 1-30-32

19. UNDERTAKER (ADDRESS)         

20. FILED 1-30-32 J. H. W. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Jan 29, 1932. I last saw him alive on Jan 29, 1932. Death is said to have occurred on the date stated above, at 5 P.M.. The principal cause of death and related causes of importance were as follows:

Malnutrition  
159  
Premature birth  
Date of onset         

Other contributory causes of importance:         

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         , 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          (Signed) S. P. Ford, M. D. (Address) Parkville MO

