

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

Do not use this space.

4632

485

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Jean Primary Registration District No. _____
 City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Genove Smith
 (a) Residence, No. 1678 White St., 12 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>3</u>	<u>24</u>	

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

13. NAME Alfred Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Right City, MO

15. MAIDEN NAME Bessie Louise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, MO

17. INFORMANT (ADDRESS) Reverend Clerk, R.C. Gen Hosp, RCM

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, Feb 8, 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home, 208 W. Linwood, 13th

20. FILED 1/6, 1932 M. M. Lyburn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1932 to 2-4, 1932

I last saw him alive on 2-4, 1932 Death is said to have occurred on the date stated above, at 9:55 P.

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

Bronchopneumonia (Primary) Date of onset 10/19
10/22

Other contributory causes of importance: (1)

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____

(Signed) P. Willems M. D.
 (Address) S. pt. R.C. Gen Hosp, RCM

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.

