

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

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.

19589

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo (No. 703 West 32nd Street) St. _____ Ward _____

File No. _____
 Registered No. 2398

2. FULL NAME Peter Smith

(a) Residence, No. 703 West 32nd Street, 5 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23rd 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	0	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u> <u>37</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wilson Meat Co.</u>
	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) Mo.

FATHER 13. NAME John Smith

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

MOTHER 15. MAIDEN NAME Jane

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Wife Mrs Mollie Smith (ADDRESS) 703 West 32nd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 6/16/53

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City Kan.

20. FILED 6/15 1953 3277th. m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1952

22. I HEREBY CERTIFY That I attended deceased from March 6 1932, to June 14 1952

I last saw him alive on June 14 1952—Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Carcinoma of the Spleen & jejunum of the Colon

Date of onset

Other contributory causes of importance: 46

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Preston Oterrett, M. D.

(Address) 500 Kaw Ave
Kansas City Kan

