

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

Do not use this space.

31096

1. PLACE OF DEATH

County Registration District No. 31
Township Primary Registration District No. 03
City H. J. Sun (No. City Hospital #2) St. Ward)

File No.
Registered No. 9068
St. Ward)

2. FULL NAME

Will Smith
(a) Residence, No. 27020 Morgan St., 21 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</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) <u>Missouri</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	<u>31</u>
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>R. J. Grant</u> (ADDRESS) <u>City Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Jackson</u> DATE <u>10-13</u> 19 <u>32</u>		
19. UNDERTAKER <u>A. H. Walton</u> (ADDRESS) <u>2901 S. Stoddard</u>		
20. FILED <u>13</u> 19 <u>32</u> 19 <u>W. E. Storkloff</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1932 to 9-20 1932
I last saw him alive on 9-20 1932 Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
131
130B
131

Other contributory causes of importance:
uremia

Name of operation Date of
What test confirmed diagnosis Plm Lab 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) R. J. Robinson M. D.
(Address) City Hospital #2

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.

