

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

Do not use this space.

6043

1. PLACE OF DEATH

County Jackson
Township Raw
City Hannau City (No. 1001)

Registration District No. 308
Primary Registration District No. 1001

File No. 1 1003
Registered No. 1 1003
St. _____ Ward _____

2. FULL NAME

Jack W. Daley Smith
(a) Residence, No. 519 S. Cedar 2nd mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. 11 mos. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. inspant
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) Independ mo

13. NAME Harold Smith

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

15. MAIDEN NAME Angie Godman

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

17. INFORMANT (ADDRESS) Harold Smith
519 - A - Cedar

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Feb 29 1933

19. UNDERTAKER (ADDRESS) Rose & Henderson

20. FILED 128 1933 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1933 to 2-26 1933

I last saw him alive on 2-26 1933 Death is said to have occurred on the date stated above, at 9:00 m.

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

Bronchopneumonia
(Primary)
107A
158
Other contributory causes of importance:
anarition

Date of onset

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 _____, 1933

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) A. P. McKeever _____, M. D.

(Address) St. Lukes Hosp.

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.

Group - 5432-