

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

Do not use this space.

9388

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3919
 Precinct Independence (No. Indep. Sanitarium)

File No. _____
 Registered No. 100
 St. _____ Ward) _____

2. FULL NAME

Edward Bruce Smith Jr
 (a) Residence, No. 10607 Felton Sugar Creek
 (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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25 - 1928</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>4</u>	<u>2</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>			
	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) <u>Sugar Creek Missouri</u>				
FATHER	13. NAME <u>Edward Bruce Smith Sr</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Anderson Co Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Orthey A. Cleveland</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Missouri</u>			
17. INFORMANT <u>Edward B. Smith Jr</u> (ADDRESS) <u>10607 Felton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>117 Washington</u> DATE <u>Mar. 23</u> 19 <u>33</u>				
19. UNDERTAKER <u>Garza Funeral Home</u> (ADDRESS) <u>Independence, Mo</u>				
20. FILED <u>3-22-33</u> <u>J. C. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1/3 1933, to 3/21 1933
 I last saw him alive on 3/21 1933. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

<u>Em. cephalitis (acute)</u>	Date of onset
<u>Measles - Cerebri</u>	

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) M. M. Mullen _____ M. D.
 (Address) 10307 Felton Ave KCMO

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.

48-5-2
 APR 28 1933

