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

Do not use this space.

9587

File No. 1188

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Edward C. Smith

(a) Residence, No. 2300 E. 13th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF Margaret Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Ill.

FATHER

13. NAME Joseph Smith

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

MOTHER

15. MAIDEN NAME Mattie Kohler

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

17. INFORMANT Record Clerk
(ADDRESS) K.C. Gen. Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE Mar 13 1933

19. UNDERTAKER Gately Funeral Home
(ADDRESS) K.C. Mo

20. FILED 3-11 1933 M. M. Crouse Asst. Registrar.

V. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1933, to 3-10, 1933

I last saw him alive on 3-10, 1933. 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:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J. H. Jennings, M. D.

(Address) Supt. K.C. Gen. Hosp. K.C. Mo

3-11-33

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.