

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

Do not use this space.

16796

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2295
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5331 Highland Ave. St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1868

7. AGE YEARS 64 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter
10. Date deceased last worked at this occupation (month and year) not for years 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Samuel Smith

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

15. MAIDEN NAME Mary Steward

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

17. INFORMANT Little Sisters of the Poor, Dr. Smilla (ADDRESS) 5331 Highland Ave. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE into Calvary DATE 6/1/33 19.

19. UNDERTAKER Mrs. C. H. Foster (ADDRESS) 918 Brooklyn Ave

20. FILED 5-31-33 M. M. Crook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 30 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to May 30th 1933
I last saw him alive on May 29th 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Carcinoma of Stomach Date of onset 1-10-33

Other contributory causes of importance: 46B

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 _____, 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 Paul U. Orourke, M.D.
(Signed) _____ (Address) 1402 Bryant Bldg, K.C. Mo

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.

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Dr. Cronke
Bryant Bldg

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