

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

Do not use this space.

16826A

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. _____
 Township Law Primary Registration District No. _____ Registered No. 2857
 City Kansas City (No. St. Nicholas Hospital) St. _____ Ward _____

2. FULL NAME Baby Smith

(a) Residence, No. 420 W. 50th 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-12-33</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>Head beat but not breathing</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>---</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>			
	10. Date deceased last worked at this occupation (month and year) <u>---</u>		11. Total time (years) spent in this occupation <u>---</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>				
FATHER	13. NAME <u>Walton Hall Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kc Mo</u>			
MOTHER	15. MAIDEN NAME <u>Martha Belle Aiken</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kc Mo</u>			
17. INFORMANT <u>Walton Hall Smith</u> (ADDRESS) <u>420 W. 50th</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Saved for laboratory</u> <u>specimen</u> DATE <u>5-12-33</u> 19__				
19. UNDERTAKER <u>none</u> (ADDRESS)				
20. FILED <u>July 10, 1933 M. M. Grove</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-12-33, 19__, to 5-12-33, 19__

I last saw him alive on 5-12-33, 19__ Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Prematurity	Date of onset
Pregnancy toxemia	
Other contributory causes of importance	

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) W. M. M. M. M., M. D.
 (Address) St. Nicholas Hospital Kc 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.

