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.

AUG 22 1933

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

Do not use this space.

22615

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No.

2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 101

4 City Excelsior Springs, Mo. (No. Veterans Hospital St. 3rd Ward)

2. FULL NAME SMITH, George Yandle — 111 E. 3rd St.,

(a) Residence, No. Veterans Administration Facility, Excelsior Springs, Mo. K.C.Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. m 1 mos. 6 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22 1897

7. AGE: YEARS 35 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: farm
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

2

FATHER

13. NAME: James H. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

2

MOTHER

15. MAIDEN NAME: Isa Mae Burgess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

1

17. INFORMANT (ADDRESS): Veterans Adm. Facility, Records Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 7- 11-33, 19

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs, Mo.

20. FILED 7/11, 1933 Y. D. Craven Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, 19, to July 11, 1933, 19

I last saw him alive on July 11, 1933, 19 Death is said to have occurred on the date stated above, at 4:20 AM

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

Chr. Pulmonary tuberculosis — Date of onset
FA active
23 A
132 A

Other contributory causes of importance:
Nephritis

Name of operation none — Date of

What test confirmed diagnosis? exam&obs. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX — Date of injury, 19
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. XX
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? unknown
If so, specify

(Signed) Garrett V. Johnson, M. D.
(Address) Excelsior Springs, Mo.