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.

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

Do not use this space.

23086

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No. 2784
City KANSAS CITY (No. ST. LUKES HOSPITAL St. Ward)

2. FULL NAME J HERBERT SMITH
(a) Residence, No. DRAKE HOTEL 1016 LOCUST 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~~ MRS. NORA SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-23-1887

7. AGE: YEARS 45 — MONTHS 10 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ATTORNEY
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) JUNE-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NATCHEZ (STATE OR COUNTRY) MISSISSIPPI

FATHER
13. NAME UNKNOWN SMITH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. NORA SMITH (ADDRESS) DRAKE HOTEL-1016 LOCUST ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JULY-6 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED July 5 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to July-4, 1933.
I last saw him alive on July 4, 1933. Death is said to have occurred on the date stated above, at 7:55P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
1348 Peritonitis	
1358 Necrosis of Bladder	
129	

Other contributory causes of importance: Stone in Contracted Bladder Infected.

Name of operation Removed Stone Date of July 1
What test confirmed diagnosis? Pathologist Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) James P. Henderson M. D.
(Address) 1022 Argyle Bldg.

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2
31
31

10R2 Argyle Bldg
11-5