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.

OCT 20 1933

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

Do not use this space.

28804

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 906

City St. Joseph, (No. 609 So. 11th. St. St. Ward)

2. FULL NAME Joseph Henry Smith

(a) Residence, No. 609 So. 11th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 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: Cora May Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1852

7. AGE: YEARS 80 — MONTHS 11 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brown Transfer Co.
10. Date deceased last worked at this occupation (month and year): Sept. 5, 1933
11. Total time (years) spent in this occupation: 21

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

FATHER

13. NAME: Vincent Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky.

MOTHER

15. MAIDEN NAME: Mary Waller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Agency, Mo.

17. INFORMANT (ADDRESS): Mrs. Cora May Smith, 609 So. 11th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn, Kansas DATE Sept. 13, 1933

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-12-1933 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1933, to Sept. 11, 1933

I last saw him alive on Sept. 11, 1933. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

	Date of onset
Bronchopneumonia (double)	93C
	107A
	97

Other contributory causes of importance:

Arteriosclerosis
Chr. Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify .....

(Signed) Stuart B. Tormey, M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, Mo.