

Wm Smith

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

Do not use this space.

29938
3864

1. PLACE OF DEATH

County *Jackson* Registration District No.
Township *Stow* Primary Registration District No.
City *St. Joseph, Mo.* No. *920 Ind.* St. Ward)

File No.
Registered No.

2. FULL NAME

(a) Residence, No. *920 Independence Ave* 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 *W. Cal.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *-*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *31 - - -*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Jobber*

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desota Mo.*

13. NAME *Engene Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desota Mo.*

15. MAIDEN NAME *Susie Pettis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desota Mo.*

17. INFORMANT (ADDRESS) *W. G. Towson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Desota Mo* DATE *Sept 30 1933*

19. UNDERTAKER (ADDRESS) *Dayle Brown 170 S. Tracy*

20. FILED *9-30*, 19*33* *J. M. Crowl* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/24/33* . 19*33*

22. I CERTIFY That I attended deceased from *St. Joseph, Mo.* 19*33* to *9/24/33*, 19*33*

I last saw h. *alive on 9/24/33*, 19*33* Death is said to have occurred on the date stated above at *3 A. M.*

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

Stab wound of the Chest.

Pneumonia

Other contributory causes of importance: *174 hrs*

Name of operation *Autopsy* Date of *yes*
What test confirmed diagnosis Was there an autopsy

23. If death was due to external cause (injury), fill in also the following: Accident, suicide, or homicide Date of injury *9/24/33*
Where did injury occur *910 S. Tracy St. St. Joseph, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *slashed in chest*
Nature of injury *with silver dagger*

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

(Signed) *[Signature]* M. D.
(Address) *[Address]*

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. *3864*
City..... (No. *920*, *Spidee Ave* St. Ward)

2. FULL NAME *Unidentified Colored man*
(a) Residence, No. St. Ward. (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 *M* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER FATHER
13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED *9/30 1933 M. M. Corowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-27-1933*

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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..... (Signed)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY



OFFICE OF
CORONER
JACKSON COUNTY, MISSOURI
 P. H. OWENS, M. D., CORONER
 KANSAS CITY, MO.

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 JAMES A. GRIFFIN, SECRETARY

VICTOR 8212 OR HARRISON 8500

November **RECEIVED**

DEC - 9 1933

Missouri State Board of Health,
 Bureau of Vital Statistics,
 Jefferson, City, Mo.

THE STATE BOARD OF HEALTH
 OF MISSOURI

Dear Sir:

On September 24th, 1933, a colored man was killed at 910 Independence Ave., in this city. Our Deputy Richardson in trying to find evidence of identity, found a card on him directing that in case of accident notify Mrs. A. Smith, of De-Soto, Mo. and that the man's name was William Smith.

Deputy Coroner Richardson sent the body of the man to the Doyle Bros., Funeral Home, of this City, and took it for granted that the man's name was William Smith. Mr. Doyle got in touch with Mrs. A. Smith at De Soto, Mo., and she ordered the body sent to DeSoto for burial, which he did, and sent in the Death Certificate in the regular way under the name of William Smith, with the notation that burial was at De Soto, Mo., and the date September 30th, 1933.

When the body arrived at DeSoto, Mrs. Smith could not identify the body as her son and refused to do so and wanted the firm of Doyle Bros to bring the body back bearing all the expense, which he refused to do. I may say here that the body had been shipped to the Firm of Richardson & Metherhead, of De Soto, Mo. After several days of trying to get the matter straightened out and trying to get the man properly identified the firm of Richardson & Metherhead, of De Soto buried the man at De Soto as an "Unidentified Colored man". This information was given to Mr. Doyle who called them on the phone on November 1st, 1933.

I have made these notations on the back of the death certificate in our office and writing you in order that you may be properly advised in the matter. If there is another and better way to handle the matter, advise and I will be happy to comply.

Sincerely,

SECRETARY TO JACKSON COUNTY CORONER.

JAG