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.

36826

File No. 175

Registered No.

Registration District No. 400

Primary Registration District No. 5553B

JAN 4 1934

1. PLACE OF DEATH
County Jackson
Township Prairie
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Smith

(a) Residence, No. Jackson County Home 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-26-1893

7. AGE: Years 40 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
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): Kansas

FATHER

13. NAME: Geo. R. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk. Indiana

MOTHER

15. MAIDEN NAME: Fannie M. St. Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk. Iowa

17. INFORMANT (ADDRESS): J. W. Hostetter (J. C. Home)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt Washington DATE Nov 16, 1933

19. UNDERTAKER (ADDRESS): Mrs. C. L. Foster (K.C. Mo)

20. FILED Nov. 13, 1933 William J. Fields, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Nov 13, 1933
I last saw him alive on 11/11, 1933. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
GJK	

Other contributory causes of importance:

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) J. W. Greene, M. D.
(Address) Independence Mo