

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.

JAN 26 1934

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

Do not use this space.

39916

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3019
 8 City Independence, Mo. St. _____ Ward _____

2. FULL NAME Edward Preston Smith
 (a) Residence, No. 702 West South Ave. 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.

File No. _____
 Registered No. 391
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 7 4

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

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) Cincinnati Ohio

13. NAME Edward P. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England

17. INFORMANT Mrs. Bessie Ball
 (ADDRESS) 702 West South Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodlawn DATE Dec-6-33

19. UNDERTAKER Carroll Funeral Home
 (ADDRESS) Independence, Mo.

20. FILED Dec. 6, 1933 Dr. F. L. Cook
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933 to Dec 4, 1933
 I last saw him alive on Dec 4, 1933. Death is said to have occurred on the date stated above, at 2:14 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia secondary to dist. heart
chronic myocarditis
930
1071A
93E
 Other contributory causes of importance

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) Russell P. Peterson, M. D.
 (Address) Independence Mo.

