

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 000
Township 3rd Primary Registration District No. 1011 Spruce 2
City Kansas City (No. 1011 Spruce 2)

File No. 5247-A
Registered No. 977
St. 977 (Ward)

2. FULL NAME

Geo. Russell Smith
(a) Residence, No. 1011 Spruce St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1888

7. AGE YEARS 45 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

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

13. NAME Wallace E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

15. MAIDEN NAME Hattie Fisk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Sota Mo.

17. INFORMANT Carlotta Smith (ADDRESS) 1011 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE Olney DATE 3-1 1934

19. UNDERTAKER Cedar Funeral Home (ADDRESS) 75. C. Mo.

20. FILED 3-1 1934 M.M. Crowe Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1934 to Feb 27 1934

I last saw him alive on Feb 24 1934. Death is said to have occurred on the date stated above, at 1255 a.m.

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

Chronic Myocarditis Date of onset
Chronic Endocarditis
Other contributory causes of importance:
Chronic Endocarditis

Name of operation my Date of my

What test confirmed diagnosis my Was there an autopsy my

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? my

(Signed) Chas. C. Crowe, M. D.

(Address) 714 Bryant St. B.O. Mo

