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

FEB 8 1935

Do not use this space.

1441

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1441
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 1433 -E- 19th St. St. Ward)

2. FULL NAME Ellis Smith
(a) Residence, No. 1433 -E- 19th 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 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-27-1893

7. AGE: 41 YEARS — MONTHS: 11 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer
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): Waco, Texas

FATHER
13. NAME: Wesley Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Henreitta Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Stella Smith, 1433 -E- 19th St. K.C. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge — DATE: 1-21 1935

19. UNDERTAKER (ADDRESS): Julius Ost Fick Ellis, 1212 Pine St.

20. FILED: Jan 21, 1935 — M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-19-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1935, to 1-17-, 1935
I last saw him alive on 1-16-, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:
Acute Cardiac Dilatation

Name of operation: Date of:
What test confirmed diagnosis? 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) [signature] M. D.
(Address) 1 Gal E 18