

AUG 12 1935

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

Do not use this space.

22159

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo. (No. 903 So. Sixteenth)

File No.

Registered No. 708

St. _____ Ward _____

2. FULL NAME Richard B. Smith(a) Residence, No. 903 So. Sixteenth 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSina Smith (deceased)

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

August 28, 185

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.76107

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splaner,
sawyer, bookkeeper, etc.Ret. Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UnknownTenn.

MOTHER FATHER

13. NAME

Gilbert Smith14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UnknownTenn.

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UnknownUnknown17. INFORMANT
(ADDRESS)Harry A. Smith
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memo. Park DATE 7/6/35, 1919. UNDERTAKER
(ADDRESS)FLEGMAN MORTUARY, INC.

20. FILED

7-5-35John A. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 2, 1934, to July 5, 1935I last saw him alive on July 5, 1935. Death is saidto have occurred on the date stated above, at 3:45 p.m.

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

Date of onset

Carcinoma - Prostate 1934

Other contributory causes of importance:

Name of operation Prostatic Resection Date of July 1934What test confirmed diagnosis? Path. Rep. Bellm Was there an autopsy? No23. 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. T. Blossmer, M. D.(Address) 1218 N. 34 St.

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.

