

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.

22940
2570

AUG 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 397
 Township Kaw Primary Registration District No. 1220
 City Kansas City (No. 1220 East Armour) St. _____ Ward _____

2. FULL NAME

Frank David Smart
 (a) Residence, No. 1220 East Armour 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Greenwell		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1871		
7. AGE 63	YEARS 8	MONTHS 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Clerk		11. Total time (years) spent in this occupation.
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New York City
New York

13. NAME
James Smart

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

15. MAIDEN NAME
Margaret Rae Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Scotland

17. INFORMANT (ADDRESS)
John R. Smart
1220 East Armour

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Cemetery
Forest Hill DATE 7-3- 1935

19. UNDERTAKER (ADDRESS)
Stine & McClure
3235 Buchanan Plaza

20. FILED 7/2 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st, 1935**

22. I HEREBY CERTIFY, That I attended deceased from 8/8 1935, to 7/1 1935
 I last saw him alive on 7/1 1935. Death is said to have occurred on the date stated above, at P. m. 5:10
 The principal cause of death and related causes of importance were as follows:

carcinoma of the larynx

Date of onset
last part
8/1935

Other contributory causes of importance:

Name of operation none 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) Eugene Vaden M. D.
 (Address) 800 Professional Bldg
KC Mo

1108 - 11-20-1917

1109 - 11-20-1917

1134 - 11-20-1917