

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

Do not use this space.

23010

AUG 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Acaw Primary Registration District No. 1007
 City Kansas City (No. K.C. General) St. W. 15th Ward

2. FULL NAME

(a) Residence, No. 6906 Walnut St. W. 15th 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-5-1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>9</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Infant.</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Mo.</u>		
13. NAME <u>Elmer Smell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Mo.</u>		
15. MAIDEN NAME <u>Lula Talbr</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Elmer Smell 6906 Walnut</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Santa Helena</u> DATE <u>7-8</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. P. Fester 918 Broadway City</u>		
20. FILED <u>7-7-35</u> M. M. Cronin Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-5-35 to 7-7-35, 1935
 I last saw h alive on 7-7-35, 1935 Death is said to have occurred on the date stated above, at 6:42 am
 The principal cause of death and related causes of importance were as follows:
Acute enterocolitis Date of onset 1198

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify _____
 (Signed) J. H. Bennett M.D.
 (Address) 1542 K.C. General

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.

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