AUG 20 1935

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

Do not use this space.

23025

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 4220 EAST 7TH St. Ward)

File No.
Registered No. [illegible]

2. FULL NAME EUGENE CLINTON SMITH
(a) Residence, No. 4220 EAST 7TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 13 1913
7. AGE: 6 — YEARS: 22 — MONTHS: 4 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FILLING STATION
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) OKLAHOMA CITY (STATE OR COUNTRY) OKLAHOMA

FATHER
13. NAME FRANK SMITH
14. BIRTHPLACE (CITY OR TOWN) WHITE HALL (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME ALICE FIGLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

17. INFORMANT MISS GLADYCE SMITH (ADDRESS) 4220 EAST 7TH ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JULY 8 1935
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.
20. FILED July 8 1935 M. M. Crowe 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 6/15, 1935, to 7/5, 1935
I last saw him alive on 12 30 7/5, 1935. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	

Other contributory causes of importance:
Renal toxemia due to oedema caused by above
Shock of Father's death 1 week before
Name of operation None Date of
What test confirmed diagnosis? Lab. + Consultation 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?
If so, specify
(Signed) R. F. Holcombe M.D., M. D.
(Address) 4128 E 6th KC Mo.

95163

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.

100M-11-24-33

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