JAN 23 1936

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

Do not use this space.

39814

File No.

Registered No. 4957

1. PLACE OF DEATH
County Jackson
Township Kansas
(City) Kansas City (No.) 3821 E. 19th (St.) (Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Clarence Wm. Smith
(a) Residence, No. 3821 E. 19th 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: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 7-1881
7. AGE: Years 54 Months 3 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.: Filling Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 18th & Indiana
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): Sumner. Mo

FATHER
13. NAME: Daniel Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

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

17. INFORMANT: Mary C. Smith
(ADDRESS) 3821 E. 19th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sumner Mo DATE Dec 31 1935
19. UNDERTAKER: Taylor Funeral Home
(ADDRESS) K. C. Mo
20. FILED Dec 29, 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Dec 29, 1935
I last saw h. alive on Dec 29, 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12/29/35

Other contributory causes of importance:
Operation 12/20/35
Chronic cellfocis

Name of operation: Appendectomy Date of [illegible] 12/20/35
What test confirmed diagnosis? clinical 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
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) D. Dalmas M. D.
(Address) 4 Jo. E. 24th St. K.C. Mo

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.