

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

Do not use this space.

1261

1. PLACE OF DEATH

County Jackson
Township Yean
City Kansas City (No. K.C. Gen. 1550)

Registration District No. 399
Primary Registration District No. 1002

File No. 114
Registered No. 114
St. Ward

2. FULL NAME

John E. Smith
(a) Residence, No. 2518 Forest St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1862
7. AGE YEARS 73 MONTHS 7 DAYS 16 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.
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) Illinois

MOTHER 13. NAME Warren Smith

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Reverend Clerk K.C. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Illinois DATE 1-9 1936

19. UNDERTAKER (ADDRESS) Geo E Myers

20. FILED Jan 8 1936 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1935 to 1-7 1936
I last saw alive on 1-7 1936 Death is said to have occurred on the date stated above, at 11:30 pm

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

Arteriosclerotic Heart Disease Date of onset

Other contributory causes of importance Cardiac decompensation

Name of operation 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?
If so, specify
(Signed) J. H. Bennett, M.P.
(Address) K.C. Gen. Hospital

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

