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.

JUN 17 1936

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

Do not use this space.

25 1001

File No. 18641

Registered No. 728

1. PLACE OF DEATH
County Buchanan
Township Washington
City Saint Joseph
Registration District No. 1001
Primary Registration District No. 25
(No. Saint Joseph Hospital St. Ward)

2. FULL NAME Robert H. Smith
(a) Residence, No. Elwood, Kansas St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ---
(OR) WIFE OF Mrs. Ethel Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. River
10. Date deceased last worked at this occupation (month and year) May 9, 1936
11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forrest City, Missouri

FATHER
13. NAME A. E. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Illinois

MOTHER
15. MAIDEN NAME Florence Lunsford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forrest City, Missouri

17. INFORMANT (ADDRESS) Mrs. Ethel Smith, Elwood, Kansas
18. BURIAL, CREMATION, OR REMOVAL Mathews, Ks.
PLACE Belmont Cemetery DATE May 24, 1936
19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME, 602 South 10th Street
20. FILED May 26 1936 H. J. Nettlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13-36 [illegible] 1936, to 5-21-36, 1936
I last saw h.e. alive on 5-21-36, 1936. Death is said to have occurred on the date stated above, at 9:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
5-8-36	
Appendicitis - acute Perforated with abscess	5-8-36
Other contributory causes of importance: Mesenteric Thrombosis	5-21-36

Name of operation Appendectomy Date of 5-13-36
What test confirmed diagnosis? Operation 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) Paul Jongeward, M. D.
(Address) St. Joseph, Mo.