

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

Do not use this space.

27614

SEP 1 1936

694

**1. PLACE OF DEATH**

County Platte Registration District No. \_\_\_\_\_  
 Township L. C. Primary Registration District No. 2921  
 City Stillings, Missouri City Stillings, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** David L. Smith,

(a) Residence, No. Stillings, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Laborer.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. and Q R.R. Retired.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 34

12. BIRTHPLACE (CITY OR TOWN) Jackson County, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME Adam Smith,

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

MOTHER 15. MAIDEN NAME Justin Osborn,

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

17. INFORMANT Mrs. Emma Smith (wife)  
 (ADDRESS) Stillings, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City Cem. DATE June 5, 1936

19. UNDERTAKER J. C. Davis Und. Co.,  
 (ADDRESS) Leavenworth, Kansas

20. FILED June 5, 1936 Edw. Elizabeth Nicolson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:20 am.

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

Date of onset

Arterio-sclerosis (Cerebral) 1930

Other contributory causes of importance: 97

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? No 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) J. P. Bonds, M. D.  
 (Address) Leavenworth, Kansas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7

1

10

05

Country Club