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

Do not use this space.

33747

1. PLACE OF DEATH OCT 20 1936

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1217

City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME Urban A. Smith

(a) Residence, No. Kansas City Mo. St., Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 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 Mrs Urban A. (Sadie) Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1873

7. AGE: Years 62 — Months 9 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booneville Missouri

FATHER

13. NAME Anthony Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Missouri

MOTHER

15. MAIDEN NAME Catherine Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Records - State Hosp #2 St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL St. Peter & Paul Cem
PLACE Booneville, Mo. DATE Sept. 28 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED Sept 27 1936 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to September 26, 1936

I last saw him alive on September 26, 1936 Death is said to have occurred on the date stated above, at 10 10 A.m.

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

Lobar Pneumonia — Date of onset 9-25-36

10

Other contributory causes of importance:

Involutional Melancholia

Name of operation None Date of

What test confirmed diagnosis? Clin + Lab 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) E. E. DeLong, M. D.

(Address) State Hosp #2.

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.

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