JAN 19 1937

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

Do not use this space.

44632

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5223
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St Lukes Hospital Ward)

2. FULL NAME George C Smith
(a) Residence, No. 4110 E - 35th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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: Frances Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug - 6 - 1904
7. AGE: Years 32 — Months 3 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cherrolet plant
10. Date deceased last worked at this occupation (month and year): Mar - 27 - 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Illinois

FATHER
13. NAME: Joseph L Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Illinois

MOTHER
15. MAIDEN NAME: Annie B Hembrough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville Illinois

17. INFORMANT (ADDRESS): Howard L Smith 3522 Cleveland
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec - 3 1936
19. UNDERTAKER (ADDRESS): New Mem Comers Sons Kansas City - Mo
20. FILED Dec 2, 1936 M. M. Grome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec - 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 27th, 1936 to December 1, 1936
I last saw him alive on December 1, 1936 Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute supurative appendicitis	3 da.
General Peritonitis	3 da.

Other contributory causes of importance:

Acute hemorrhagic nephritis	3 da.

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) [signature], M. D.
(Address) 828 Medical Arts Bldg.

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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