

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

Do not use this space.

1794

1. PLACE OF DEATH

County Jackson
Township Washington
City Kansas City, Mo. (No. 25 West 79th street)

Registration District No. 404
Primary Registration District No. 5558
St. 1 Ward 2

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Alfred Smith

(a) Residence, No. 25 west 79th street 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 Mrs. Eva Mae Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island 31

13. NAME Don't know 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Belle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Eva Mae Smith
(ADDRESS) 25 west 79th street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Jan. 22 37

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan. 21, 1937 Fred R. Lindsey
Registrator

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 20, 1937
I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 12:35 p. m.

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

Bronchietis Previous to 1/8 37
Date of onset

Other contributory causes of importance:
Acute Cardiac Dilatation
Jan 18 37

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

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) Fred R. Lindsey, M. D.
(Address) 404 1/2 W 75

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.

