

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 380
 Township Jawa Primary Registration District No. 1002
 City Kansas City (No. 2616, Euclid)
 Registered No. 6416
 St. Euclid Ward

2. FULL NAME William Louis Smith
 (a) Residence, No. 2616 Euclid St., Euclid Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1852
 7. AGE YEARS 84 MONTHS 9 DAYS 73
 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 13. NAME Louis Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Estella Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Fannie Barrett
2616 Euclid
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 3/10 1937
 19. UNDERTAKER (ADDRESS) West Appleton & Jones
1905 Olive St.
 20. FILED 2-12 1937 M. M. Crowe, asst.
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 7 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937 to Feb 7 1937
 I last saw him alive on Feb 6 1937 Death is said to have occurred on the date stated above, at 11:50 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
 Other contributory causes of importance:
 Name of operation Clean Date of 26
 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) W. S. [Signature] M. D.
 (Address) 1612 E 12

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.

OCCUPATION
FATHER
MOTHER

