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

MAY 15 1937

Do not use this space.

File No. 15255
Registered No. 1801

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Raw — Primary Registration District No.: 1002
City: Kansas City (No. 2329, Tracy St. St., Ward)

2. FULL NAME: Dr. Howard M. Smith

(a) Residence, No. 2329 Tracy St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Anna B. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1880

7. AGE: Years 56 | Months 7 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
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): Baltimore Maryland

FATHER
13. NAME: John H. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

MOTHER
15. MAIDEN NAME: Mary J. Sorrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

17. INFORMANT (ADDRESS): Mrs Anna B. Smith 2329 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Baltimore, Md. DATE: 4/16, 1937

19. UNDERTAKER (ADDRESS): West, Appleton & Doney 1905 Vine St

20. FILED: Apr. 15 1937 M. McGrorrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1937, to 4-13, 1937
I last saw ~~living~~ alive on 4-13, 1937. Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Lt.)	
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Other contributory causes of importance:
Pneumonary Edema

Name of operation: — Date of:
What test confirmed diagnosis: Clinical 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) G. O. Brown, M. D.
(Address) 1830 Vine

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.