JUN 24 1937

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

Do not use this space.

19798

1. PLACE OF DEATH

County Clay — Registration District No. 199 — File No. 71

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME SMITH, Edgar

(a) Residence, No. Veterans Administration Facility St., Ward. Higbee, Missouri

(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	4	11	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson, Missouri

FATHER

13. NAME James M. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Zeleka Gillaspie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higbee, Mo. DATE 6-8-37, 19

19. UNDERTAKER Herbert Hope

(ADDRESS) Excelsior Springs, Missouri

20. FILED June 8, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, 19, to June 8, 1937, 19

I last saw him alive on June 8, 1937, 19. Death is said to have occurred on the date stated above, at 5:30 m. A.M.

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

	Date of onset
Hypertension	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation -- Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) A. N. J. DOLAN, M.D., Clin. Dir. (Act.) M. D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.