

AUG 24 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. 399 File No. 27399
Township _____ Primary Registration District No. 3019 Registered No. 233
City Independence (No. _____) St. _____ Ward _____

2. FULL NAME

Walter R. Smith
(a) Residence, No. 1521 N. Osage St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Cora Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>11</u>	<u>19</u>	

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

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. Wagon-Enter, Flouring mill

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

13. NAME Walter R. Smith

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

15. MAIDEN NAME Mary Francis Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT Stella Dodge
(ADDRESS) 4505 Mont. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 7-7-1937

19. UNDERTAKER Latta Funeral Home
(ADDRESS) 214 N. Spring Independence

20. FILED 7-14-1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) (3:46) 7-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1936 to 7-5 1937
I last saw him alive on July 5, 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
Date of onset 7-3-37
10-37

Other contributory causes of importance: Cardiac hypertrophy

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? _____ 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) Dr. Fred J. Gamman
(Address) 244 1/2 N. 1st St., Independence, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED