

AUG 24 1937

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

Do not use this space.

27421

1. PLACE OF DEATH

County

Jackson 2

Registration District No.

398

File No.

Township

Blue 1

Primary Registration District No.

555.4

Registered No.

254

City

Kansas City (No. 327 North Home Int. Sta.)

St.

Ward

2. FULL NAME

Robert Dale Smith

(a) Residence, No.

327 No. Home

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

6 yrs. 11 mos. 3 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)

Single

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

Child

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

Aug 27-1930

7. AGE

YEARS

6

MONTHS

11

DAYS

3

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Child

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

School Boy

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)

Independence Missouri

13. NAME

Alan Dale Smith

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

Kirkland Ohio

15. MAIDEN NAME

Grace Cook

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

Maysfield Kentucky

17. INFORMANT (ADDRESS)

Alan Dale Smith Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mound Grove, DATE Aug. 1, 1937

19. UNDERTAKER (ADDRESS)

George E. Carsh Independence, Mo.

20. FILED

8-7-37

F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 25, 1937, to July 30, 1937

I last saw him alive on July 30, 1937. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Congenital Cystic Kidney with

urinary retention & uremia

Congenital heart-

Various congenital deformities

Other contributory causes of importance:

None

Name of operation

None

Date of operation

None

What test confirmed diagnosis?

None

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

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) J. L. Carsh

(Address) Independence, Mo.

M. D.

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

5010-10-22-38

I 48914

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.

