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.

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 40295
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Police Headquarters; 4th & Main Ward)

2. FULL NAME Willie Bell Smith
(a) Residence, No. Roosevelt Hotel St., Ward.
(Usual place of abode) 12th & Paseo (If nonresident, give city or town and State)
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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29, 1915
7. AGE: YEARS 21 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
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): Oklahoma

FATHER
13. NAME: Walter Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Indies

MOTHER
15. MAIDEN NAME: Fannie Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Isabelle Smith, 1209 Euclid
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge Lawn DATE: Nov. 17, 1937
19. UNDERTAKER (ADDRESS): West, Appleton & Jones, Inc. 1905 Pine
20. FILED: Nov. 15, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-31, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.....
I last saw h[illegible] Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at 7:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Syphilitic Encephalitis	
Encephalomalacia	
34	

Other contributory causes of importance:

Name of operation: Autopsy Date of
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) Russell W. Cass, M. D.
(Address) [illegible]