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

Do not use this space.

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File No. 2053
Registered No. 32

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001
Township — Primary Registration District No.
City St. Joseph Mo (No. 1 State Hospital No 2 St. Ward)

2. FULL NAME William E. Smith 530

(a) Residence, No. 217 N 12th St Joseph Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 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)
M	W	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Alice Smith.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1872.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	3	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.A. Worker
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) May 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

FATHER
13. NAME Theodore Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas

MOTHER
15. MAIDEN NAME Katherine Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas.

17. INFORMANT (ADDRESS) State Hospital No 2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE WATHENA KANSAS DATE JAN. 11TH. 19

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Jan 10 19 38 N.J. Nestlebush Dep C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 8 19 37 to Jan 9 19 38

I last saw deceased alive on Jan 8 19 38 Death is said to have occurred on the date stated above, at 1 a m.

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

Cardio Vascular Renal Disease — Date of onset 5-1-37

Other contributory causes of importance: none

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Name of operation None Date of

What test confirmed diagnosis? Clin. & Lab. 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) R. Kuhlman, M. D.
(Address) State Hosp. No 2.

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.

