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.

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

Do not use this space.

REG'D APR 3 3 1938

File No. 9537

Registered No. 1002

1. PLACE OF DEATH
County Jackson
Township Kansas
City Kansas City
Registration District No. 395
Primary Registration District No. 18
No. 530 St. City Ward)

2. FULL NAME Walter W. Smith

(a) Residence, No. 2415 Kensington St., Ward.
(Usual place of abode) (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 M.

4. COLOR OR RACE Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30-1879

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 4 | 1 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 0

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

FATHER

13. NAME Unk Smith

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

MOTHER

15. MAIDEN NAME Almyda M. Brute

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

17. INFORMANT Dorothy Stone
(ADDRESS) 6109 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Mar 3 1938

19. UNDERTAKER Eyler Funeral Home
(ADDRESS)

20. FILED Mch 3 1938 W. A. Brown
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw him alive ....., 19.... Death is said to have occurred on the date stated above, at 8:55 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary sclerosis | 1948 |
| Myocardial scarring | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Wm. H. Dunton M. D.
(Address) Gardner, K.C. Mo