

REC'D AUG 8. 1938

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH24327
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 390
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Union Station Registered No. 2832
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas A. Smith 530
 (a) Residence, No. 1929 West 48th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Susan Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 '79

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
~~59~~ 59 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hardwood finisher
 9. Industry or business in which work was done, as saw mill, bank, etc. Fred Harvey
 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) Liverpool England 4

FATHER 13. NAME John Smith 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME No Record

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

17. INFORMANT Mrs. Susan Smith
 (ADDRESS) 1929 West 48th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE July 14, 1938

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co.
 (ADDRESS) Kansas City, Mo.

20. FILED 7-13 38 M. M. Crow, cor.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Crown, 1938

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30a. m.

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

Immediate rupture of the heart.
Fracture of the skull
 Date of onset

Other contributory causes of importance: 169

Name of operation _____ Date of operation _____
 What test confirmed diagnosis? Autopsy 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 9/2/38
 Where did injury occur? Union Station
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury falling from a post, 5th story
 Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
 (Signed) [Signature], M. D.

(Address) [Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.