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.

REC'D SEP 13 1938

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

Do not use this space.

27982

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No. 3293
City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME James Henry Smith 53a
(a) Residence, No. 1225 Cleveland Ave. St., Ward. Kansas City, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific R.R. Co.
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galion Cou Ohio

FATHER
13. NAME William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Jane Tamblyn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Geo. H. Hobson 1319 Quindaro Blvd., K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE 8/16/38 19

19. UNDERTAKER (ADDRESS) Geo. H. Long Kansas City, Kansas

20. FILED Aug 19 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to Aug 13, 1938
I last saw him alive on Aug 13, 19 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Usual 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) E. B. Hobbs, M. D.
(Address) 1002 Argyle Bldg K.C. Mis.

100M-3-38