

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

Do not use this space.

32850

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 3334 Chestnut)

Registration District No. 399
Primary Registration District No. 3072

File No. 5077
Registered No. 5077 St. _____ Ward)

2. FULL NAME

John T. Smith
(a) Residence. No. 3334 Chestnut St. 14 Ward.

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Ellie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>6</u>	<u>12</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sec. Pharmacy
(b) General nature of industry, business, or establishment in which employed (or employer) Stat. Patention Lab
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Patrick Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Ellie Smith
(Address) 3334 Chestnut

15. FILED 10/7 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1929 to Dec 6 1930, and that I last saw him alive on Dec 6 1930, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metal insufficiency
92A
95B

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Distention of heart
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) J. J. Davis, M. D.

10-7 1930 (Address) 907 Waldheim Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys Cemetery DATE OF BURIAL Oct 9 1930

20. UNDERTAKER John W. Wagner ADDRESS Lin. W. Randolph

K. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Handwritten text, possibly a name or title, located near the top center of the page.