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

Do not use this space.

8082

1. PLACE OF DEATH

County: Jackson — Registration District No.: 219 — File No.: [illegible]

Township: Kaw — Primary Registration District No.: 3 0 0 2 — Registered No.: [illegible]

City: Kansas City (No. 2715, Holly St., Ward)

2. FULL NAME: Abraham Smith

(a) Residence. No. 2715 Holly St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	10	23	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Wm. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): not known

14. INFORMANT: W. W. Hare
(Address): Pleasant Hill, Mo.

15. FILED: 3/4 1927 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 2 1927

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to March 2, 1927, that I last saw h. alive on March 1, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Lobar Pneumonia. 10 hrs
1 Chill
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
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
3/3, 1927 (Signed) Eugene H. Ferguson, M.D.
(Address) 1810 W 45th St

*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	DATE OF BURIAL
Pleasant Hill Mo	3-4 1927
20. UNDERTAKER	**ADDRESS**
Shine & McCune	924 Oak

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.

cated by check marks, lacking from the death certificate:

Name: Abraham Smith

Who died at: Kansas City, Mo, on Mar. 2, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: Apr. 7 1833 Age: Years 93 Months 10 Days 25

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

_____

Contributory: _____

_____

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