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

Do not use this space.
8914

File No. 1085
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 551 Grand St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Sylvester J. Smith
(a) Residence. No. 551 Grand 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	11	17	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John B. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Rosie Cotter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada

14. INFORMANT E. J. Smith
(Address) Minneapolis Ks

15. FILED 3-10 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lumbar Osteomyelitis
167 170 (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY)
(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? Confirmed by Autopsy
(Signed) Henry Gaughan M.D.
March 19, 1928 (Address) Deputy Coroner

*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: Forest Hill
DATE OF BURIAL: 4/10/28 19

20. UNDERTAKER: M. Kinney & Son
ADDRESS: City

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.