

MAR 25 1930

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

4188

1. PLACE OF DEATH
 County Bucyrus Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hospital 2) St. _____ (Ward)

2. FULL NAME Orilla Smith
 (a) Residence. No. Kansas City Missouri St. Ward. Kansas City Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David J. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 X 15

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

9. BIRTHPLACE (CITY OR TOWN) Warsaw
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Charles A. Munson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
 (STATE OR COUNTRY) Connecticut

12. MAIDEN NAME OF MOTHER Charissa Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
 (STATE OR COUNTRY) New York

14. INFORMANT Hosp. Records
 (Address) State Hosp # 2, St. Joseph Mo

15. FILED Feb 28 1930
John E. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27 1930

17. I HEREBY CERTIFY, That I attended deceased from January 27, 1930, to February 27, 1930, that I last saw him alive on February 27, 1930, and that death occurred, on the date stated above, at 7:06 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis
131
162

(duration) Sund yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Smoking
 (duration) Sund yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH. Kansas City Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF LS

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
 (Signed) George W. Forman, M. D.

2007, 1930 (Address) State Hosp # 2 St. Joseph Mo

*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 Corydon Iowa DATE OF BURIAL 7 1930

20. UNDERTAKER J. L. Stringly ADDRESS 216 So

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.

