

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

Do not use this space.

36033

DEC 22 1930

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Bellevue Primary Registration District No. 5554
 City Sanicagary (No. 508 Sanicagary Ave) St. _____ Ward)
 2. FULL NAME John J. Smith
 (a) Residence (No. 3071 Bellefontaine 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1851
 7. AGE Years about 79 Months unknown Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED Retired
 (a) Trade, profession, or particular kind of work _____
 (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) Canada
 10. NAME OF FATHER William Smith
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
 12. MAIDEN NAME OF MOTHER Morris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Frances Hughes
 (Address) 3071 Bellefontaine
 15. FILED 11-10-30 J. H. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 9 1930
 17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1930, to Nov 9, 1930 that I last saw him alive on Nov 9, 1930 and that death occurred, on the date stated above, at 11:30 am

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
320 Myocarditis -
100 Bronchitis -
Nephritis

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) _____ yrs. _____ mos. _____ ds.
90B (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? Clinical
 (Signed) W. H. ... M. D.
11-10-1930 (Address) 10307 Indeg ave KCMO.

*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 DATE OF BURIAL 11/12/30
 20. UNDERTAKER J. F. Donnell ADDRESS 3756 Bdwy

Exact statement of OCCUPATION is very important. N. B.—Every item of information submitted is for official use only. CAUSE OF DEATH in plain terms, so that it may be properly classified.

