

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

Do not use this space.

37534

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3819  
 City Independence (No. 308 South Grand Ave) St. Mo. Ward 2

File No.           
 Registered No. 371

**2. FULL NAME**

Thomas Gene Smith  
 (a) Residence, No. 308 South Grand Ave 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

5A. (F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.           
 10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation.         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

13. NAME Orville Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Smith

15. MAIDEN NAME Helen Argo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) Orville Smith 308 So. Grand Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings Mo. DATE Nov 13 1931

19. UNDERTAKER (ADDRESS) Carroll Funeral Home Independence Mo.

20. FILED 11-6-31 H. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1931, to 11-6, 1931

I last saw him alive on 11-5, 1931. Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

This child was delivered at 11:20 P.M. with feet presenting and the cord was forced out by the foot and, necessarily, was pinched too long in delivery.

Other contributory causes of importance: Respiratory center did not function

Name of operation 160B Date of 160B  
 What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19          
 Where did injury occur?          (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?           
 If so, specify           
 (Signed) Chas E. Nicholson, M. D.  
 (Address) Independence Mo.

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.

DEC 2 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

