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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 19653
Township Kaw — Primary Registration District No. 1002 — Registered No. 2463
City K.C.Mo. (No. 3926 Summit St. Ward)

2. FULL NAME Arthur Fred Smith
(a) Residence, No. 3926 Summit St., 7 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1867
7. AGE: YEARS 65 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
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): Missouri 1

FATHER
13. NAME: La Kogus Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 9

MOTHER
15. MAIDEN NAME: Martha Hammer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): Josephine Smith, 3926 Summit
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 6-21-32, 19
19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. K.C.Mo.
20. FILED 6/21, 1932 M. M. Crouse Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19-32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 18, 1932
I last saw him alive on June 18, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	
93C	
95B 93C	

Other contributory causes of importance:
Chr. Myocarditis
D

0
Name of operation no Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify
(Signed) Otto F. Reisman, M. D.
(Address) 1111 Grand Ave.