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

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.

NOV 10 1933

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

Do not use this space.

33024

File No. 3957

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 401 Title & Trust Building St. Ward)

2. FULL NAME Charles E. Smith

(a) Residence, No. 4331 Warwick Boulevard St., 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1861

7. AGE: Years 72 — Months 2 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice President of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Kansas City Title & Trust Co.

10. Date deceased last worked at this occupation (month and year) — Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Somerset County Pennsylvania

FATHER

13. NAME: I. L. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Harriett King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs Chas E. Smith

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Nevada, Iowa DATE: Oct 8 1933

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED: Oct 7, 1933 M McCrone asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10 a.m.

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

Gunshot wound of the head

Fracture of the skull

Date of onset

Other contributory causes of importance:

167

No 167

Name of operation: Autopsy Date of

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: Oct 5 1933

Where did injury occur? 10th & Walnut Kc Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Office building

Manner of injury: Self inflicted gunshot

Nature of injury: Wound of the head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

DEP-COR