

Every year 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.

APR 25 1934

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

Do not use this space.

9236

1436

1. PLACE OF DEATH  
 County Jackson Registration District No. 357  
 Township Kaw Primary Registration District No. 3571  
 City Kansas City (No. 3571) Wyandotte St. Wyandotte Ward     

2. FULL NAME George Henry Smith  
 (a) Residence, No. 3501 Wyandotte 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 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 Viola Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
 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 74 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

MOTHER FATHER  
 13. NAME Paley Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER FATHER  
 15. MAIDEN NAME Sarah Vickery  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs C N Nelson  
3521 Wyandotte St Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Mariah DATE 4-2-34

19. UNDERTAKER (ADDRESS) Willie Funeral Home  
Carrollton Mo

20. FILED 3-30 1934 Wm Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934, to March 30, 1934  
 I last saw h. i. m. alive on March 28, 1934. Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate  
Chronic prostatitis  
Benign prostatic hypertrophy  
Alcoholism  
 Date of onset     

Other contributory causes of importance:  
Chronic indigestion  
General debility from alcoholism

Name of operation none Date of       
 What test confirmed diagnosis Biopsy 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?       
 If so, specify       
 (Signed) Russell F. Hodges, M. D.  
 (Address) North Kansas City Mo.

