CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1936

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

Do not use this space.

1334

1. PLACE OF DEATH
County Jackson
Township ~~Kan~~
City K.C.MO (No. 47th & Woodland Ave St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1187

2. FULL NAME Clay Smith
(a) Residence, No. 4120 Penn 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ✓ HUSBAND OF (OR) WIFE OF Mrs Effie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5th 1881

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 54 | 3 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. # 205
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) Tex

FATHER
13. NAME Howard Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

MOTHER
15. MAIDEN NAME Addie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

17. INFORMANT (ADDRESS) Mrs Effie Smith 4120 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 1/14/36 19

19. UNDERTAKER (ADDRESS) H.B. Moore 1820 E. 18th St

20. FILED Jan 12 1936 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to 19
I last saw h alive on 1-30-36 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:

Ruptured Aortic Aneurism

Date of onset

Other contributory causes of importance: no 96

Name of operation Autopsy Date of Yes
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) [signature], M. D.
(Address) [signature]