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.

SEP 18 1936

33767

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 70

City R.F.D. #3 St Joseph (No. 2 Mi. No. east of St. Joseph, Mo. St. Ward)

2. FULL NAME Walter Earl Smith

(a) Residence, No. Washington Twp. R.F.D. #3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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: Gertrude Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 7, 1895

7. AGE: YEARS 40 — MONTHS 10 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker. ~~xxxxxx~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman Schuske Metal Co.

10. Date deceased last worked at this occupation (month and year): June, 29, 1936

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

FATHER

13. NAME: James E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

MOTHER

15. MAIDEN NAME: DeLila Kohler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

17. INFORMANT (ADDRESS): Mrs. Gertrude Smith R.F.D. #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Sept. 7, 1936 19

19. UNDERTAKER (ADDRESS): Walter Meischoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED Sept 7, 1936 B. W. Tadlock M.D. MH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept, 4, 1936, 19

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Sept. 4, 1936, to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:00 m. P.M.

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

Chronic Myocarditis

210

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin Hist 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) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon St. Joseph, Mo.

MAY 16 1948

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: Buchanan — Registration District No.: 86 — File No.:

Township: Washington — Primary Registration District No.: 5127 — Registered No.: 70

City: (No. R.F.D.#3. St. Ward)

2. FULL NAME: Walter Earl Smith

(a) Residence, No. R.F.D.#3. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman Schuske Metal Co.

10. Date deceased last worked at this occupation (month and year): June, 29, 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

FATHER

13. NAME: James E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Wisconsin

MOTHER

15. MAIDEN NAME: DeLila Kohler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Wisconsin

17. INFORMANT (ADDRESS): Mrs. Gertrude Smith R.F.D.#3.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: Sept. 7, 1936

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Sept 21, 1936 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4, 1936, 19

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Sept 4, 1936, to, 19

I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 6.00 m. P.M.

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

Chronic Myocarditis never fully recovered from injury received June 29 - 36

Date of onset

Other contributory causes of importance:

Injured in auto collision June 29. 36. Brain injury. fractured shoulder & chest injury

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/29, 1936

Where did injury occur? St Joseph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: auto collision

Nature of injury: Brain shoulder & chest injury

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

If so, specify

(Signed) Tomas Thomas Coroner, M. D.

(Address) 7 Faraon St. Joseph, Mo.

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