

REC'D APR 23 1938

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

Do not use this space.

9752

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, (No. 1113, 0 23)Registration District No. 399
Primary Registration District No. 1002File No. _____
Registered No. 1217
St. _____ Ward _____2. FULL NAME GABLE SMITH, 530(a) Residence, No. 1113 East 32ⁿ St., 4ⁿ 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10, 1876</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>3</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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.....	

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Tenn.13. NAME GEORGE SMITH,14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Tenn.15. MAIDEN NAME MANERVA TAYLOR,16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Tenn.17. INFORMANT MAUD COLEMAN
(ADDRESS) 1113 East 32ⁿ St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 3--18--193819. UNDERTAKER C. H. COUNTEE,
(ADDRESS) City.20. FILED Nov 17 1938
M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13ⁿ 193822. I HEREBY CERTIFY, That I attended deceased from
3-12-38, 1938, to 3-13-38, 1938I last saw him alive on 3-13-38, 1938 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:

Cerebral
apoplexy 131
Date of onsetOther contributory causes of importance:
Chronic nephritisName of operation..... 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....., 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) 2202

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.

