

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

Do not use this space.

OCT 19 1938

1. PLACE OF DEATH

County Clay Registration District No. 196
 Township Fishing Creek Primary Registration District No. 301
 City Spring (No. N.S. Veterans Hospital) St. _____ Ward _____

File No. 31976

Registered No. 190

2. FULL NAME

(a) Residence, No. Independence Mo. U.S. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1896

7. AGE YEARS 42 MONTHS 5 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) 6-28-38 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

13. NAME Julius De Smedt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

15. MAIDEN NAME Romane Sap

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT (ADDRESS) Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. Salvoan Cem. DATE Sept 12 1938

19. UNDERTAKER (ADDRESS) George C. Carbon Independence Mo.

20. FILED Sept 16 1938 Donna McBrackey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-28-38, 1938, to 9-9-38, 1938. I last saw him alive on 9-9-38, 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Pneumonia
Generalized typhoid
Embolus of liver
 Date of onset 9-8-38

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? _____ 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? no
 If so, specify _____
 (Signed) J. E. Kelly M. D.
 (Address) Salvoan Spg. V. H.

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.

RECEIVED

District Health Officer No. 8

District File Number

10/5/38

Date Filed