

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

Do not use this space.

35817

**1. PLACE OF DEATH**

County Jackson  
Township KAW  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. St. Joseph's Hospital)

File No. \_\_\_\_\_  
Registered No. 4325  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Crescenz J. Smith  
(a) Residence, No. 18 West 73rd St. Terrace Ward. 8  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary Smith</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 21, 1852</b>		
7. AGE <b>80</b>	YEARS <b>7</b>	MONTHS <b>26</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>		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) <b>Michigan</b>		
13. NAME <b>John Smith</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>No record</b>		
15. MAIDEN NAME <b>No record</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>No record</b>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand Rapids, Michigan</u> DATE <u>11-18</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Stine &amp; McClure</u> <u>3235 Hillman Plaza</u>		
20. FILED <u>Nov 18, 1932</u> <u>M. M. Corbett</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 17 1932**

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1932 to Nov 17 1932

I last saw him alive on Nov 17 1932. 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:

Intestinal obstruction  
17X13  
107H  
133W

Date of onset  
11/12/32

Other contributory causes of importance:

Post Operative hemorrhage  
+ aneurysm

Name of operation Relieved Intestinal band Date of 11/16/32

What test confirmed diagnosis? operation. 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Geo. Logis, M. D.  
(Address) 802 1/2 Pased

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.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No.....) St..... Ward.....

Registration District No. 399  
Primary Registration District No. 1002

File No.....  
Registered No. 4925-

**2. FULL NAME**

(a) Residence, No..... 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) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11/18, 1933 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17, 1932

22. I HEREBY CERTIFY, That I attended deceased from....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

Intestinal Obstruction  
hemorrhages  
cause unknown

Date of onset

Other contributory causes of importance:

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?.....  
If so, specify.....

(Signed) Test Jones, M. D.  
(Address) P.O. + Paris

**SUPPLEMENTARY**

**1220**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Place of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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