

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

5775
80

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Jackson
Township Kaw
Village
City Kansas City, Mo. (NO. 3817 E 13 St. 15 Ward)

Registration District No. File No.

Primary Registration District No. Registered No.

2 FULL NAME Edith Essie Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FE 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Feb 13 1900
(Month) (Day) (Year)

7 AGE 17 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Emery Bird Charge

9 BIRTHPLACE (City or town, State or foreign country) Iowa

PARENTS
10 NAME OF FATHER Chas F Smith
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.
12 MAIDEN NAME OF MOTHER Wolley Ballard
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) MO

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. F. Smith
(Address) 3817 East 13th

15 FEB - 3 1917, 1917
Filed Sept 19 1917
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 9th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 1st 1916, to Feb 7th 1917, that I last saw h. alive on Feb 2nd 1917, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:
Primary Tuberculosis
23A
28
(Duration) yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Lucius Churchill M. D.
Feb 11 1917 (Address) 404 Board St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place 2 yrs. 0 mos. 0 ds. In the 9 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence. Kansas City Mo

19 PLACE OF BURIAL OR REMOVAL Forrest Hill DATE OF BURIAL Feb 6 1917

20 UNDERTAKER Mrs C L Forster ADDRESS 918 Brooklyn

