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.

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

Do not use this space.

4898

1. PLACE OF DEATH
County Jackson — Registration District No. 99 — File No.
Township Kaw — Primary Registration District No. — Registered No. 696
City K.C. Mo (No. 413 Clairmount St. Ward)

2. FULL NAME Hattie Wolfe Smith
(a) Residence. No. 413 Clairmont 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1889
7. AGE Years 39 Months 1 Days 13 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lexington Mo.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo
PARENTS
10. NAME OF FATHER Chas Wolf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo
12. MAIDEN NAME OF MOTHER Anna Coots
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Northmore
14. INFORMANT Maggie Young (Address) 2809 Highland
15. FILED 2/17/27 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14-1927
17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.., to ....., 19.., that I last saw h..... alive on ....., 19.., and that death occurred, on the date stated above, at ....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
180 Accidental Burns
Conflagration - House burned
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 178
(duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
2/14/27 (Signed) [illegible], M.D.
19 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn — DATE OF BURIAL Feb. 18 1927
20. UNDERTAKER [illegible] Fickling — ADDRESS City