

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Taurus City (No. 4934)

Registration District No. 399
Primary Registration District No. 1002

File No. 5228
Registered 890
St. _____ Ward _____

2. FULL NAME

Harriett Smith
(a) Residence. No. 4934 Lawn St., _____ Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 | 2 | 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

10. NAME OF FATHER John Riley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Whiston

14. INFORMANT George Smith (Address) 4934 Lawn

15. FILED 9/27, 1928 M.M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 1928, to Feb. 26, 1928 (that I last saw him/her alive on Feb. 26, 1928, and that death occurred, on the date stated above, at 6:35 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
50 (duration) yrs. _____ mos. 3 ds.
1924
CONTRIBUTORY (SECONDARY) myocarditis from hypertension (duration) 4 yrs. _____ mos. _____ ds.
carcinoma breast 2 yrs duration

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? none

(Signed) F. J. Wilson, M.D.
727, 1928 (Address) 474 8th Street

*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 Forest Hill DATE OF BURIAL Feb 29 1928

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS K.C. Mo.

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.

WHITE PRINTED WITH OYDING INK—THIS IS A PERMANENT RECORD

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