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

Do not use this space.

7931

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001 — File No.:

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward) — Registered No.: 377

2. FULL NAME Mollie Smith

(a) Residence. No. 725 No. 23rd. St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 27, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	0	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household 121A
(b) General nature of industry, business, or establishment in which employed (or employer): 129
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton, Mo.

PARENTS

10. NAME OF FATHER: Adam Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia, Penn.

12. MAIDEN NAME OF MOTHER: Louise Heither

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

14. INFORMANT: Mrs. Emma Miles
(Address) 725 No. 23rd. St.

15. FILED: MAR 26 1928 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 23, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1928, to March 23, 1928, that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 2.15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppression of urine following operation for gangrenous perforated appendicitis & peritonitis
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chr. nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 22-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? operation etc
(Signed) [illegible] M. D
3/24/, 1928 (Address) 301 N 8 St Joseph Mo.

*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: Ashland Cemetery — DATE OF BURIAL: Mar, 26, 1928

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.