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.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 27466

Township: Raw — Primary Registration District No.: 1002 — Registered No.: 5542

City: Kansas City — No. 1311 Kensington St. Ward)

2. FULL NAME Cora Smith

(a) Residence. No. 1311 Kensington St., 12 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: Fe — 4. COLOR OR RACE: Col — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5, 1912

7. AGE: Years 15 — Months 10 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): La

PARENTS
10. NAME OF FATHER: Wm Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Mary Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La

14. INFORMANT: Wm Smith (Address) 1311 Kensington

15. FILED: 8/24, 1928 M. M. Crowe, Assn. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/20-28, 19..., to 8/22/28, 19..., that I last saw her alive on 8-22-1928, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic L.B.C. Chronic L.B.C.

2 234 / 194 Ex (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Exposure. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no. no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Henry B. Lyon M.D.

8/23, 1928 (Address) 1823-Pb-18th

*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: Westlawn Cem — DATE OF BURIAL: 8-28 1928

20. UNDERTAKER: Watkins Bros — ADDRESS: 1729 Lydia