

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

Do not use this space.

33484

1. PLACE OF DEATH

County Ladson

Registration District No.

File No. 1-118

Township Pan

Primary Registration District No.

Registered No.

City Kansas City

(Kansas City Gen Hosp) St. Ward)

2. FULL NAME

Smith Genevieve

(a) Residence. No. 720 W. Woodland s. 9 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18 0 4

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. House work (b) General nature of industry, business, or establishment in which employed (or employer). at Home (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Holden (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm R. Smith

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

12. MAIDEN NAME OF MOTHER Madeline Louise Cooper

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

14. INFORMANT De and Clerk (Address) K. C. Genl Hosp

15. FILED 10/2/28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-17 1928, to 10-2 1928 that I last saw her alive on 10-2 1928 and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized peritonitis
138
15915
12483
138 (duration) 1 1/2 yrs. mos. 5 da.
CONTRIBUTORY intestinal obstruction (SECONDARY) (duration) 1 1/2 yrs. mos. 19 da.
Cholerae Abcess
non-furcular or Gonococcus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. Yes DATE OF 10-1-28

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) P. E. Williams M. D. 10-2 1928 (Address) Supt K.C. Gen. Hosp

*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 Mound Grove DATE OF BURIAL 10-5-28

20. UNDERTAKER W. C. Cannon ADDRESS 1111 E. 11th 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.

RECORD WITH OUTFRONT INK—THIS IS A PERMANENT RECORD

