

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

Do not use this space.

40559<sup>6499</sup>

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 40559  
 Township Kaw Primary Registration District No. 1002 Registered No. 4933  
 City Kansas City (No. Kansas City Gen'l Hosp.) St. 10 Ward 10

**2. FULL NAME** Smith, Infant

(a) Residence. No. 1212 Kansas St. 2 Ward. (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** White **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) 12-4-28  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Infant  
 (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) K. C. Mo

**10. NAME OF FATHER** James Smith  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
**12. MAIDEN NAME OF MOTHER** Barbara Reed  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) Scotland

**14. INFORMANT** Dr. W. C. Clark  
 (Address) Kansas City Gen'l Hosp.

**15. FILED** 12/6/28 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 12-5-1928  
**17. I HEREBY CERTIFY**, That I attended deceased from 12-4-28, 1928, to 12-5-28, 1928, that I last saw her alive on 12-5-28, 1928, and that death occurred, on the date stated above, at 3:55 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

159  
Prematurity  
 (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** 16/10  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**8** Did an operation precede death?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
**1** WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) P. Willems, M. D.  
12-5-28, 1928 (Address) Supt. K. C. Gen'l 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** Leeds **DATE OF BURIAL** 12-6-1928  
**20. UNDERTAKER** S. V. Mast **ADDRESS** 1915 E 15

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.

