

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

Do not use this space.

1911

1. PLACE OF DEATH

County Jackson
Township Kanawha
City Kansas City

Registration District No. 399

File No. 504
Register No. 504
Ward

2. FULL NAME

(a) Residence No. 2319 Vine St. Ward 4
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1904

7. AGE YEARS 22 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

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) Okla.
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. Kirk, Texas

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

12. MAIDEN NAME OF MOTHER Samble Mattie

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

14. INFORMANT Deceased's Record
(Address) 2319 Vine St.

15. FILED 2-1-29 M. M. Cour REGISTRAR
West

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30 1929

17. I HEREBY CERTIFY That I attended deceased from 1-28 1929 to 1-30 1929
that I last saw him alive on 1-30 1929, and that death occurred, on the date stated above, at 11 hrs. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

CONTRIBUTORY (SECONDARY) Pregnancy (venous)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy

(Signed) H. M. Smith M. D.
#1, 1929 (Address) Old City Hosp. K.C. 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 Highland DATE OF BURIAL Feb. 4 1929

20. UNDERTAKER Adkins Bros. ADDRESS 2000 E. 12th

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.

