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.

10768

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan. — Primary Registration District No. 1002 — File No. [illegible]

City Kansas City (No. 3230 Flora St. Ward) — Registered No. [illegible]

2. FULL NAME Minnie A Smith

(a) Residence. No. 3230 Flora St., 13 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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: 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) Nov-22-1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	3	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Luther Smith

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

12. MAIDEN NAME OF MOTHER Sophia Gordon

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

14. INFORMANT Mrs Ella F Woodling (Address) 3515 park

15. FILED 3-14-1929 M M Cross REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/28, 1929, to 3-13, 1929 that I last saw her alive on 3/12, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? ~~and~~ DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical findings

(Signed) F. E. Coffey, M. D

3-14, 1929 (Address) Suite 230 Argyle Bldg.; Kansas City, 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: Rochester Minn — DATE OF BURIAL: Mch-15 1929

20. UNDERTAKER: Dr New Comics Sons — ADDRESS: K.C. Mo.

230 Argyle Bldg
Ha 8956