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.
24626
3038

1. PLACE OF DEATH
County Jackson Registration District No. 002 File No.
Township Kan Primary Registration District No. Registered No.
City K.C. Mo. (No. 3029 Park St. Ward)

2. FULL NAME Emma Smith Lane
(a) Residence. No. 3029 Park St. 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	wh	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 184

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	3	17	

8. OCCUPATION OF DEACESED
(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) Cape Girardeau
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John P Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Martha Whitney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs W T Hiatt
(Address) 3029 Park.

15. FILED 7/12, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12- 1929

17. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to July 12, 1929 that I last saw h. alive on July 11, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Valvular dis.
" Myocarditis
9 yr
9 yr
10 yr (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H Smith, M. D.
7/12, 1929 (Address) 410 Argyle

*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	DATE OF BURIAL
Littleton Mo	July 1929
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Forster	City