

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

Do not use this space.

27958
3652

1. PLACE OF DEATH

County Jackson
Township Kennett
City Kansas City, Mo. (No. Research Hts)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Georgia June Smith

(a) Residence. No. 1311 Oakley St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 18 - 1923</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>5</u>	<u>10</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Geo H Smith

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

12. MAIDEN NAME OF MOTHER Madeline Keller

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

14. INFORMANT Geo H Smith
(Address) 1311 Oakley

15. FILED 8/27, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10:20 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental 3rd degree Burns
101
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Explosion of Paraffin
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT AT PLACE OF BIRTH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____ 24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sp. Culture + Inspection
(Signed) Harry Knicker, M. D.
8/27, 1929 (Address) Deputy Coroner

*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 Wilder Kans DATE OF BURIAL Aug 27 1929

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand

WRITE MAINLY, 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.

1010 Rialto Bldg.
Main 2403