

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

Do not use this space.

28017

3714

File No.

Registered No.

St. Ward.

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Ken

Primary Registration District No.

City Kansas City

(No. Kansas City 2nd Dist.)

2. FULL NAME

Smith Florence

(a) Residence. No. 427 E. 12th St., 2 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

DeD

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

Marion Smith

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

Sept. 16 - 1877

7. AGE

51

YEARS

MONTHS

11

DAY

15

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housekeeper

(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)

mo

10. NAME OF FATHER

Groffter White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Eliza Ireland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

Reena Sobush
(Address) Kansas City 2nd Dist.

15. FILED

9-1-1929 M. M. Crouch
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31-1929

17. I HEREBY CERTIFY, That I attended deceased from 8-31-1929, 1929, to 8-31-1929, 1929 that I last saw her alive on 8-31-1929, and that death occurred, on the date stated above, at 11:05-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Relapsing Malaria

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. B. Williams, M. D.

9-1-1929 (Address) Can Dept KC 2nd

*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

Milan mo

9/3/1929

20. UNDERTAKER

ADDRESS

O V most

1915 E 15

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

