

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

Do not use this space.

1319

**1. PLACE OF DEATH**

County Jackson  
Township Wheat  
City Kansas City (No. K.C. General Hosp.)

Registration District No. 399  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 311  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lena Smith  
(a) Residence No. 719 Penn St., 1 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 25 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>1</u>	<u>7</u>	

**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)**

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Reverend Clerk  
(Address) K.C. General Hosp.

15. FILED 12, 1930 M. M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-25, 1929 to Jan 20, 1930 that I last saw her alive on Jan 20, 1930, and that death occurred, on the date stated above, at 6:58 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Emphysema of Lungs  
12 4 13  
11 1 13  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Pulmonary edema (SECONDARY)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 12 2 13  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Clan Find & Autopsy  
(Signed) E. Williams, M. D.

do, 1930 (Address) Sept K.C. Gen. Hosp  
\*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 Wald Hill DATE OF BURIAL 12 23 1930

20. UNDERTAKER Wald Hill ADDRESS 155 East 15

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.

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