

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

Do not use this space.

33173

1. PLACE OF DEATH  
County Jackson Registration District No. 502  
Township Kaw Primary Registration District No. 112  
City K.C. (No. Mercy Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Kathleen Pearl Smith  
(a) Residence. No. 7912 Brooklyn St. 15 Ward. \_\_\_\_\_  
(Usual place of abode) K.C. Mo (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 4406  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W.  
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) 10-28-29  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 1 1

8. OCCUPATION OF DECEASED—  
(a) Trade, profession, or particular kind of work Single  
(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) Missouri

PARENTS  
10. NAME OF FATHER Orville Smith  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moberly  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Myrtle Dodson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dodson  
(STATE OR COUNTRY) Missouri

14. INFORMANT Orville Smith  
(Address) 7914 Brooklyn

15. FILED 10/30 1930 M. M. Crowe  
REGISTRAR  
awr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1930  
17. I HEREBY CERTIFY, That I attended deceased from 10/23/30, 1930, to 10/29/30, 1930, that I last saw her alive on 10/29/30, 1930, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bilateral Otitis Media  
119B  
29A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 18 ds.  
CONTRIBUTORY Enteritis & dehydration  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 119B Bathome  
NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS Evans Lab Gulltroy  
(Signed) Wm. Howard, M. D.

10/29/30 (Address) Mercy 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 Forest Hill DATE OF BURIAL Oct 31 30

20. UNDERTAKER R. V. Lunday & Sons ADDRESS City Mo

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.

