

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

Do not use this space.

1599

431

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 431

Township New

Primary Registration District No. 00

Registered No. 00

City Kansas City (No. Kansas City)

General Hospital General Hospital

Ward

**2. FULL NAME**

Mrs Doris Mae Smith

(a) Residence. No. 2711 E 70 St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos.  da. How long in U. S., if of foreign birth? yrs.  mos.  da.

**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 James Clarence Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1906

7. AGE YEARS MONTHS Days IF LESS than 1 day, ..... hrs. or ..... min.  
24 8 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. home  
(b) General nature of industry, business, or establishment in which employed (or employer). wife  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Walnut Grove (STATE OR COUNTRY) Alabama

10. NAME OF FATHER J. O. Higgins

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

12. MAIDEN NAME OF MOTHER Emma Lewis

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

14. INFORMANT James Clarence Smith (Address) 2711 E 70 St Kansas City Mo

15. FILED 1/28/31 M. M. Crowe REGISTRAR ossh.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from deputy coroner 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 7:45 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septic abortion  
140

CONTRIBUTORY (SECONDARY) cause unknown (duration) yrs.  mos.  da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 140

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Arthur M. Hefner M. D.

1/28 1931 (Address) Highway 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 Royal Hill DATE OF BURIAL Jan 30, 1931

20. UNDERTAKER Eyles Funeral Home ADDRESS 1800 Linnwood

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.

41 FEB 28 1956