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

Do not use this space.
34342

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Raw Primary Registration District No. 100 Registered No. 4055
City Kansas City (No. 921 Benton Blvd. St. Ward)

2. FULL NAME Mrs. Mary Virginia Smith

(a) Residence, No. 921 Benton Blvd. 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 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frank J. Smith.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 - 1851.

7. AGE: YEARS 80 | MONTHS 0 | DAYS 20. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Columbus. (STATE OR COUNTRY) Missouri

FATHER
13. NAME L. P. Scroggin.
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. L. E. Mathis (ADDRESS) 921 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE 10-5- 1931

19. UNDERTAKER H. W. Newcomer's Sons (ADDRESS) 2111 E 9th St. K. C. Mo.

20. FILED 10-4- 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3rd 1931.

22. I HEREBY CERTIFY, That I attended deceased from Jany 7th 1931, to Oct 2nd 1931, I last saw her alive on Oct 2nd 1931. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia, Lobar Oct 1-31
Pneumonia & Anemia 4 yrs
Senile Dementia 4 yrs 1926
Other contributory causes of importance:
108
None
Name of operation Exploratory Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo T. Harvey, M. D.
(Address) 900 Rialto Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11 to Realty Bro
706 Grand