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.

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

Do not use this space.

34687

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4417
Township Kan — Primary Registration District No. — Registered No. 6-4417
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Smith Hazel
(a) Residence, No. 718 Troost St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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) 10-22-1896

7. AGE — YEARS: 35 — MONTHS: — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) E. St Louis Illinois

FATHER
13. NAME Daniel G. Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Hannah Hutchinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Record Clerk Kansas City General Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE Nov-2 1931

19. UNDERTAKER (ADDRESS) P. B. Lapetina K. C. Mo

20. FILED 11/2 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31- 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-21- 1931, to 10-31- 1931
I last saw her alive on 10-31- 1931 Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Shock	
Pulmonary Congestion	
127A	
130	
130	

Other contributory causes of importance:
Acute Nephritis

Name of operation Cholecystectomy Date of 10-29-31
What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify
(Signed) P. E. Williams, M. D.
(Address)