

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

Do not use this space.

37916

1. PLACE OF DEATH

County Jackson Registration District No. 627
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5701) Bales St. _____ Ward _____

File No. _____
 Registered No. 2704
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5701 Bales St. 11 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931, to Nov. 29, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1880

I last saw her alive on Nov 25, 1931. Death is said to have occurred on the date stated above, at 8 a.m.

7. AGE YEARS 51 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

My husband & I
diabetic melita

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

When I was called
at 2 p.m. Nov 27, 1931

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: non-epidemic
Coma known by

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Thomas Voss

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

What test confirmed diagnosis? Chorea as there an autopsy?

15. MAIDEN NAME Agnes Sell

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Frank N. Smith
 (ADDRESS) 5701 Bales

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 1, 1931

Nature of injury _____

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) R. E. No 6

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED 11-30, 1931 M. M. Cerovec Registrar.

(Signed) W. Conrad Long, M. D.
 (Address) 3927 Ball St

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.

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