

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 388
Primary Registration District No. 300
(No. 18 West 73rd St. Terrace St. _____ Ward)

File No. 8644
Registered No. 1229

2. FULL NAME

Emma Josephine Smith

(a) Residence, No. 18 West 73rd St. Terrace Ward.

Length of residence in city or town where death occurred 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 Karl H. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1895

7. AGE YEARS 36 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235

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) Kenosha Wisconsin

13. NAME Charles Rosenberg

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

15. MAIDEN NAME Louise

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

17. INFORMANT R. H. Smith (ADDRESS) 18 West 73rd St. Ter.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3/24 1932

19. UNDERTAKER (ADDRESS) 3275 Hill Street

20. FILED 3/24 1932 3rd Min. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21 1932 to March 21 1932

I last saw him alive on March 21 1932 Death is said

to have occurred on the date stated above, at 5 P. m.

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

Cerebral Hemorrhage
131
131
131
Other contributory causes of importance:
Chr. hyperten and
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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 _____, 1932

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) Thomas P. Starn, M. D.

(Address) 830 Professional Bldg

Howe

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.

