

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

Do not use this space.

**22836**

**1. PLACE OF DEATH**

County JACKSON Registration District No. 300

Township KAW Primary Registration District No. 1000

City KANSAS CITY (No. 207, EAST - 6000)

File No. \_\_\_\_\_  
Registered No. 27AC  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

MRS. ETTA SMITH

(a) Residence No. 1920 KENSINGTON St., 12 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 29 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 IRA C. SMITH

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH-14-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>3</u>	<u>28</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work HOUSEWIFE  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) KANSAS CITY 1  
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER LAFAYETTE SULLARD

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) MISSOURI

12. MAIDEN NAME OF MOTHER MARY E. REYNOLDS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) VERMONT 2

14. INFORMANT MRS W. A. MILLER  
(Address) 207 - EAST - 66<sup>TH</sup> ST.

15. FILED 7/13 32 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY-12-1932

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to July 12, 1932 that I last saw him alive on July 12, 1932 and that death occurred, on the date stated above, at 1:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
48 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage  
(duration) 9 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 5, 1932

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS Opuntia's test  
(Signed) Frank J. Crowe, M. D.

, 19 32 (Address) 1010 Medical Bldg  
HC Mo.

\*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 MT. MORIAH DATE OF BURIAL JULY-14-1932

20. UNDERTAKER D. W. NEWCOMER'S SONS ADDRESS 211 - E. 9<sup>TH</sup> 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.

1010 Medical Arts Bldg.

10:30-1