

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.
35900

1. PLACE OF DEATH

County Jackson

Registration District No.

Township RAW

Primary Registration District No.

City KANSAS CITY (No. MERCY HOSPITAL)

File No. 4410

Registered No.

St. Ward)

2. FULL NAME Janet Marion Smith

(a) Residence, No. 1101 Monroe St. 12 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) MISSOURI 1

FATHER 13. NAME Harvey Smith 0

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

MOTHER 15. MAIDEN NAME Northey Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS 2

17. INFORMANT MR. HARVEY SMITH

(ADDRESS) 1101 - MONROE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACED SPRINGFIELD, Mo. DATE NOVEMBER-23, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS

(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11/23 1932 m m crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1932 to 11-21, 1932

I last saw her alive on Nov. 21, 1932. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Congenital Syphilis

Date of onset

3rd
1078 34

Other contributory causes of importance:

Broncho pneumonia 1

Name of operation none Date of

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) C. C. Dennie, M. D.

(Address) Kansas City, Mo.

