

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

Do not use this space.

35927

**1. PLACE OF DEATH**

County Jackson  
Township 1st  
City K.C. 9th

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4457  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susie Smith  
(a) Residence, No. 3515-E-19<sup>th</sup> 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 <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 - 1857</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Printer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
	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)**

MOTHER	13. NAME <u>Stewart Cameron</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Mary Copeland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>

17. INFORMANT (ADDRESS)  
John W. Smith

18. BURIAL, CREMATION OR REMOVAL  
Woodland DATE Nov 26 1932

19. UNDERTAKER (ADDRESS)  
North Woodland  
K.C. 9th

20. FILED Nov 25 3:27 p.m. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Nov 27, 1932. I last saw him or alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Lobular Pneumonia Date of onset Nov 20  
Influenza

Other contributory causes of importance: Influenza

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis: clinical 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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. C. Connolly, M. D.  
(Address) 6520 Longview 150 mo

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.

Richardson  
65-20 Indiana