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

Do not use this space.

5716

48
109

1. PLACE OF DEATH
County: Jackson — Registration District No.: 389
Township: Kaw — Primary Registration District No.: 1008 — File No.:
City: K. C. Mo. (No. Research Hospital St. Ward) — Registered No.: 668

2. FULL NAME: Belva Smith

(a) Residence, No. 2732 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15 1888

7. AGE: Years 44 | Months 2 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Mo

FATHER
13. NAME: Burris Waldron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Lillie Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Lillie Waldron

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Feb. 10-33

19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster, 918 Brooklyn Ave.

20. FILED: 2/9 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-8-1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to date 1933
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A-4	
Carcinoma cervix uteri	

Other contributory causes of importance: 48

Name of operation: none Date of
What test confirmed diagnosis? none Was there an autopsy?

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) A. C. Cerpa, M. D.
(Address) 625 Dwyer Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

234
1
2
2

Dr. [illegible]
Dr. H. Lockwood
Proff