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.

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

Do not use this space.

File No. 19845
Registered No. 2560

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kansas — Primary Registration District No.: 1004
City: K. C. Mo (No. 5215 Wilburn Ct St. ..... Ward)

2. FULL NAME Henrietta Smith

(a) Residence, No. 5215 Wilburn St Ct Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1853

7. AGE: Years 80 — Months 1 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9
10. Date deceased last worked at this occupation (month and year): 10
11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prussia

FATHER

13. NAME: Daniel Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: no Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Fred Smith 5215 W Wilburn ct

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Reserve, Ks DATE: 6/20/ 1933

19. UNDERTAKER (ADDRESS): Mrs. O. L. Foster 918 Brooklyn ave

20. FILED: June 19, 1933 W. H. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 20 1931, to 6 19 1933
I last saw h alive on 6 19 1933. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
C	
Arteriosclerosis	
1	
1	

Other contributory causes of importance: GBI

Chronic Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. E. Crowe, M. D.
(Address) Angeles Bldg