

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

Do not use this space.

23064

2760

1. PLACE OF DEATH

County JACKSON Registration District No. _____
 Township KAW Primary Registration District No. _____
 City KANSAS CITY (No. H106 NORLEDGE) St. _____ Ward _____

2. FULL NAME

MISS HELEN SMITH

(a) Residence, No. H106-NORLEDGE St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-16-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>6</u>	<u>16</u>	

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) ILLINOIS

13. NAME JOHN SMITH

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

15. MAIDEN NAME UNKNOWN DAVIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT MRS. ROBERT K. WATSON
 (ADDRESS) H102-NORLEDGE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE UNION DATE JULY-3-1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 3 1933 W. M. Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-1-1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 23 1933, to June 30 1933

I last saw her alive on June 30 1933. Death is said to have occurred on the date stated above, at 12:30A m.

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

Chronic myocarditis Date of onset years

956

102

936

Other contributory causes of importance: Hypertension years

Name of operation none Date of _____

What test confirmed diagnosis Physic findings 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?
 If so, specify _____
 (Signed) Harry E. Lepp M. D.
 (Address) 1314 Professional Bldg

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.

2
88
88

1314. Professional Bldg.

2-5-