

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

Do not use this space.

29904

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jean Primary Registration District No. 1002  
 City Kansas City (No. 4; General Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 3830

**2. FULL NAME**

Susie Kirk  
 (a) Residence, No. 820 Paseo St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 50 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) Aug. 29, 1883  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical nurse  
 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 Edward Smith

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Sarah Greenmore

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Reverend Clerk  
425 Gen. Hosp. St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Floral Hill DATE 9-28-33

19. UNDERTAKER (ADDRESS) Quirk & Tolpin

20. FILED 9/28 1933 M. M. Carave  
Asst. Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1933 to 9-24 1933  
 I last saw her alive on 9-24 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis with Peritonitis  
127B  
 Other contributory causes of importance: 129 127  
 Name of operation \_\_\_\_\_ 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) P. H. De Maria M. D.  
 (Address) Asst. Sup. R. C. Gen. Hosp.

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.

1933

24B

