

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.

MAR 24 1934

4777

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Bellevue Primary Registration District No. 3019
 City Independence Mo. St. _____ Ward _____

File No. _____
 Registered No. 69

2. FULL NAME

Thirley Lee Smith
 (a) Residence, No. 816 So Delaware St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25 - 1926</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>7</u>	<u>5</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>			
	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) <u>Detroit Mich</u>				
FATHER	13. NAME <u>Myers M Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pitts Burg Kans</u>			
MOTHER	15. MAIDEN NAME <u>Lila W Mohr</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown Kans</u>			
17. INFORMANT <u>Myers M Smith</u> (ADDRESS) <u>816 So Delaware</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Plattsburg Kans</u> DATE <u>2-17-34</u>				
19. UNDERTAKER <u>Funeral Home</u> (ADDRESS) <u>Independence Mo</u>				
20. FILED <u>Feb 16 1934</u> <u>Dr. F. L. Cook</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934, to Feb 16 1934
 I last saw her alive on 2-15 1934 Death is said to have occurred on the date stated above, at 1309th
 The principal cause of death and related causes of importance were as follows:
Acute Pneumonia Bact. 2-13-34
108
199A
130
 Other contributory causes of importance:
Acute Myocardial Infarction
Acute Bacterial Pneumonia Bact.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Brighton M. D.
 (Address) Independence

