

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 330
Township Kaw Primary Registration District No. 300
City K.C. 2nd (No. 3312 Olive St.) St. ... Ward ...

File No. 13096
Registered No. 3847

2. FULL NAME Elizabeth Winsa Smith

(a) Residence, No. 3312 Olive St., ... 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 Female 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 Chas. H. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1856

7. AGE YEARS 78 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

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. housewife
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) K.C.

13. NAME ...

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Edgar F. Smith (ADDRESS) 3312 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash DATE 4/25/34

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Broadway, Ave

20. FILED Apr 25 1934 M. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 24 - 34

22. I, HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934, to Apr. 24, 1934. I last saw h. ... alive on Apr 24, 1934. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Carcinoma of Gall Bladder Date of onset 1933(?)

Other contributory causes of importance: Transition 46

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? No

If so, specify (Signed) Edw. S. Washington, M. D. (Address) 1500 Professional 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.

THIS IS A PERMANENT RECORD

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