

MAY 25 1934

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

Do not use this space.

13174

1925

1. PLACE OF DEATH

County... Jackson

Registration District No. 399

Township.....

Primary Registration District No. 1002

City... Kansas City

(No. 3813 Genesee

File No.....

Registered No.....

St. Ward)

2. FULL NAME Nellie M. Smullin

(a) Residence, No. 3813 Genesee

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

John M. Smullin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

2

0

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.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)

Kansas

MOTHER FATHER

13. NAME J. T. Waller

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

Kansas

15. MAIDEN NAME

Jessie Shepherd

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

No record

17. INFORMANT Mrs. Jack Neil
(ADDRESS) 625 W. 59th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE May 1 1934

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 4-30-34 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 - 1929 to April 29 1934
I last saw her alive on April 19 1929. Death is said

to have occurred on the date stated above, at 8:15 P.M.

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

Cerebral Hemorrhage

Date of onset

3-13-34

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Symptoms 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? No

If so, specify.....

(Signed) J. W. Bauerly, M. D.

(Address) 13605' Broadway, R.C. Mo.

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.

8005^{1/2} Broadway

We. 7910

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