

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.

JUL 17 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. 399  
 Township Woodland Primary Registration District No. 109a  
 City Kansas City No. 1301 St. Woodland Ward \_\_\_\_\_  
 2. FULL NAMED Lillian Smith  
 (a) Residence, No. 1301 Woodland 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 20562  
 Registered No. 2720  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnnie Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1893  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
40 7 17 \_\_\_\_\_  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
 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) Argmore Okla.  
 MOTHER 13. NAME H. B. Goodlow 8  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas  
 15. MAIDEN NAME Elizabeth Purtle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas  
 17. INFORMANT E. J. Scott (Bro-in-law)  
 (ADDRESS) 1301 Woodland  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lanigan DATE June 22, 1934  
 19. UNDERTAKER Atkins Bros.  
 (ADDRESS) 2000 E 12th  
 20. FILED 6/20 1934 M. M. Brown  
 Registrar

MEDICAL CERTIFICATE OF DEATH

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1934  
 22. HEREBY CERTIFY That I attended deceased from June 18, 1934 to June 18, 1934.  
 I last saw h. June 18, 1934 alive on June 18, 1934 Death is said to have occurred on the day stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Cerebral Hemorrhage  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) E. J. Scott, M. D.  
 (Address) 1705 E 12th

