

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

Do not use this space.

24979

SEP 20 1934

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City K.C. Mo.

Registration District No. 399
 Primary Registration District No. 1002
 (No. 1906 East 19th)

File No. 3514
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1906 E 19th 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amos Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1894</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>1</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennett City Mo</u>	
	13. NAME <u>Geo Jenkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Kella Smith</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	17. INFORMANT (ADDRESS) <u>Amos Smith 1906 E 19th</u>	
18. BURIAL, CREMATION OR REMOVAL		
PLACE <u>Highland</u> DATE _____ 19__		
19. UNDERTAKER (ADDRESS) <u>R. S. MOORE 2107 Vine</u>		
20. FILED <u>8-4</u> 19 <u>34</u> <u>Amos Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1934

22. I HEREBY CERTIFY That I attended deceased from MEMPHIS, Tenn, 1934, to July 31, 1934.

I last saw him alive on July 21 1934. Death is said to have occurred on the date stated above, at 5:45 PM.
 The principal cause of death and related causes of importance were as follows:
Past elephantiasis Date of onset 7/31/34
6/6/34
6/6/34
 Other contributory causes of importance
Exophthalmic Goiter
Renal Failure
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? 2/20

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? Yes
 If so, specify _____
 (Signed) Hannibal
 (Address) 2220 Vine St.

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.

NO. 117 21111

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