

NOV 9 1935

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

Do not use this space.

34134

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City St. Louis (No. 3965 Forest Park Blvd., St. .... Ward) .....

File No. ....  
Registered No. **8555**  
St. .... Ward) .....

2. FULL NAME Kittie Smith

(a) Residence No. .... St. 18 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) WIDOW  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-2-3

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 8 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home  
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) Ky.

FATHER  
13. NAME Jessie Martin,

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

MOTHER  
15. MAIDEN NAME Mathilda Martin

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

17. INFORMANT N. J. Manes  
(ADDRESS) 3965 Forest Park Blvd.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Richland, Mo. DATE 10/11/35

19. UNDERTAKER Robert Kincaid  
(ADDRESS) Clayton Rd. at Concordia,

20. FILED OCT 12 1935  
J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933, 1933, to 10/11, 1935.  
I last saw him alive on 10/11, 1935. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:  
Diabetes mellitus  
about 2 yrs.

Date of onset  
57

Other contributory causes of importance:  
Cardiac Asthma.

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? no.  
If so, specify .....  
(Signed) Ernest H. Spooner, M. D.  
(Address) 4947 Mac Pherson ave

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.

NET WITH UNFADING INK—THIS IS A PERMANENT RECORD

