MAR 4 1936

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

Do not use this space.

1127

1. PLACE OF DEATH
County Jackson — Registration District No. 897
Township Prairie — Primary Registration District No. 4234
City Greenwood (No. Residence St. Ward)

File No.
Registered No.

2. FULL NAME Mrs. Jane Ann Smith
(a) Residence, No. Greenwood St., mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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 Wm A. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-23-1857

7. AGE YEARS 78 MONTHS 3 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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)

FATHER
13. NAME Larkin Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Eveline Belcher Ky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Jess Smith Greenwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Jan 13-36

19. UNDERTAKER (ADDRESS) Fields-James Lees Summit Mo.

20. FILED Jan 16 1936 Mrs. Callie E. Hayes Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to Jan 11, 1936
I last saw her alive on Jan 8, 1936. Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Hypertensive	
Nephritis	1933
Bronchial Pneumonia	12/3/35

Other contributory causes of importance:

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Name of operation None Date of X
What test confirmed diagnosis? X 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) Clint L. Miller, M. D.
(Address) Lee's Summit, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.