

## MISSOURI STATE BOARD OF HEALTH

Do not use this space. 7

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

JUL 24 1936

23001

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. \_\_\_\_\_)Registration District No. 399  
Primary Registration District No. 1002File No. \_\_\_\_\_  
Registered No. 57033  
Hospital St Joseph Hospital (Ward \_\_\_\_\_)

## 2. FULL NAME

(a) Residence, No. 43 + Blue Ridge 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Urgel Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 18907. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 8 17OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Blair Kansas13. NAME Robert Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Langkates England15. MAIDEN NAME Elizabeth Eimer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena Kansas17. INFORMANT Mr. Virgil Smith  
(ADDRESS) 34 + Blue Ridge18. BURIAL, CREMATION, OR REMOVAL PLACE Blair Kans DATE June 21 193619. UNDERTAKER O. H. + Mitchell  
(ADDRESS) Independence Mo20. FILED 7/19 1936 M. M. Crown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-36 193622. I HEREBY CERTIFY, That I attended deceased from 5-13- 1936 to 6-18-36 1936I last saw her alive on 6/18/36 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Pulmonary Embolism Date of onset 6/18/36Other contributory causes of importance:  
Thrombophlebitis Left Femoral 6/18/36  
Cystadenoma of ovary 6 yearsName of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Cluecel Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936Where 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) R. F. Gard M.D. M. D.  
(Address) Independence Mo.

MAR 13 1956

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township K. G. no  
City K. G. no (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2933 Ward \_\_\_\_\_

**2. FULL NAME**

Kitna U Smith

(a) Residence, No. \_\_\_\_\_, 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS 45 MONTHS 8 DAYS 17 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.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER MOTHER

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 6/19, 1936 M. M. Crow Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Thrombophlebitis left femoral  
Asymptomatic L. Ovary  
Probably malignant cystadenoma

Name of operation: ovary (unoperated) Date of \_\_\_\_\_

What test confirmed diagnosis? deposits 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? \_\_\_\_\_ (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) R. F. Ford, M. D.

(Address) Independence

SUPERSEMENT

S-23001