JAN 19 1936

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

Do not use this space.

44798

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Raw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. 425, W. Dartmouth Rd. St. ..... Ward)

2. FULL NAME Mrs. Fannie P. Smith

(a) Residence, No. 425 W. Dartmouth Rd. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF T. Leslie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Boonville Mo.

FATHER

13. NAME Richard R. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Mary Elizabeth Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Richard T. Smith Detroit, Mich.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE Dec - 14, 1936

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Son's Kansas City, Mo.

20. FILED Dec 13 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1936, to Dec. 12, 1936

I last saw her alive on December 12, 1936. Death is said to have occurred on the date stated above, at 8:00 P.M.

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

	Date of onset
Cerebral thrombosis	10 days
Other contributory causes of importance:	
Bronchopneumonia	6 days

Name of operation No. Date of

What test confirmed diagnosis? Clinical 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) Joseph E. Welker M. D.

(Address) 836 Professional Bldg Kansas City, Mo.

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.