

FEB 25 1937

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

Do not use this space.

1641

1. PLACE OF DEATH

4 County Jackson Registration District No. 391  
10 Township Kaw Primary Registration District No. 100  
17 City Kansas City (No. Research Hospital) St.                      Ward                     

2. FULL NAME Bernice Smiley

(a) Residence, No. 5507 East 24th St. St.                      Ward.                       
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ross J. Smiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife, 5<sup>20</sup>  
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lebanon Mo.

FATHER 13. NAME Willard Fairfax

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

MOTHER 15. MAIDEN NAME Maud Favorite

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

17. INFORMANT Miss Hazel Fairfax  
(ADDRESS) 5507 East 24th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Jan. 26, 1937

19. UNDERTAKER D. W. Newcomer's Sons  
(ADDRESS) Paseo & Brush Creek Blvd.

20. FILED Jan 25 1937 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 - 1936, to 1-23 - 1937

I last saw her alive on 1-23 - 1937. Death is said to have occurred on the date stated above, at 9.25 P.m.

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

Myocardite chronic  
Arterio Sclerosis  
nephritis chronic

Other contributory causes of importance:  
Hypertension

Name of operation Autopsy Date of                       
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     

Where did injury occur?                       
(Specify city or town, county, and State)  
Specify whether injury occurred in                     , 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) Donald B. Smith M. D.  
(Address) 924 Prof. Bldg. K.C. Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X704

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.

Dr. D. R. Black.

Prof. Bldg.

*Research Group*

*Prof. Bldg - Vc 8481*

*12130 - 5*

