

MAR 13 1937

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

Do not use this space.

6644

1. PLACE OF DEATH
 County Hackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K.C.MO. (No. Gen. Hosp # 2) St. _____ Ward _____

2. FULL NAME Marie Smith
 (a) Residence, No. 619 Locust 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.

File No. _____
 Registered No. 10-353

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 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) Mar 18th 1901

7. AGE YEARS 35 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Kansas City, MO

13. NAME Willard Reece

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

15. MAIDEN NAME Maggie Collert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, MO

17. INFORMANT Mrs Maggie Halsley (ADDRESS) 621 Locust St

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn Cem DATE 2-27-37

19. UNDERTAKER H.B. Moore (ADDRESS) 1820 East 18th St
26 36 M. M. Coxone
 Registrar.

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-37, 19__

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__
 I am a Deputy Coroner Death is said to have occurred on the date stated above, at 6:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Septicemia
 Date of onset _____

Other contributory causes of importance:
Conisillar Abscess

Name of operation _____ 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 _____, 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) Lucian H. Richardson M. D.
 (Address) 1832 Vine

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.

2
 31
 OCCUPATION
 FATHER
 MOTHER

SECRET

SECRET

SECRET

SECRET