

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.

MAY 15 1937

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

Do not use this space.

15208

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kate Primary Registration District No. 1002
 City Kansas City (No. 609 West 43rd Terr) St. 1752 Ward)

2. FULL NAME

(a) Residence, No. 609 West 43rd Terr Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1880

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>7</u>	<u>11</u>		

7. 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) K. C. Mo.

13. NAME Howard Smith

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

15. MAIDEN NAME Addie Unk

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

17. INFORMANT Owen Rector
(ADDRESS) 609 West 43rd Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 4/12 1937

19. UNDERTAKER Watkins Bros
(ADDRESS) 724 Lytle

20. FILED Apr 12 1937 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937, to April 9 1937
 I last saw her alive on April 17 1937 Death is said to have occurred on the date stated above, at 3:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
11A
 Date of onset 4/5/37

Other contributory causes of importance:
Chronic Bronchitis
before 1936

Name of operation none 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) S. W. Fair, M. D.
 (Address) 404 1/2 W 75th

