

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

Do not use this space.

15283

1. PLACE OF DEATH MAY 15 1937
 County Jackson Registration District No. _____ File No. 10850
 Township New Primary Registration District No. _____ Registered No. _____
 City K.C. Mo (No. St. Lukes Hospital) St. _____ Ward _____

2. FULL NAME Mrs Lattsee Smith
 (a) Residence, No. _____ St. _____ Ward. El Dorado Springs, Mo
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-8-1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Mo

FATHER
 13. NAME Wm Bland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Elizabeth Schmidt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT John L. Smith
 (ADDRESS) El Dorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE 4/17 1937

19. UNDERTAKER Swine-Siders
 (ADDRESS) El Dorado Springs, Mo

20. FILED 4-17-37 M. M. Chace
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to April 15 1937
 I last saw her alive on April 15 1937 Death is said to have occurred on the date stated above, at 129 A.M.
 The principal cause of death and related causes of importance were as follows:
Dehydration incident to
Profuse Vomiting of Pregnancy Feb. 1937
 Date of onset 147

Other contributory causes of importance:
Partial Collapse both lungs

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) E. Lee Miller, M. D.
 (Address) 5432 Wyandotte
K.C. 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

