

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City

Registration District No.....375
Primary Registration District No.....1002
(No. 1304 1/2 Mc Gee)

File No.....33374
Registered No.....3029
St. Ward)

2. FULL NAME Mrs. Laura Jessie Stith

(a) Residence, No. 6704 Askew St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 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) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 7 27

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

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) Peculiar Mo.

13. NAME Andrew Holloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roadhouse Illinois

15. MAIDEN NAME Cassio Ashby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Mrs. G. O. Hinds (ADDRESS) 6704 Askew

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept. 21, 1937

19. UNDERTAKER D. L. Newcomer's Sons (ADDRESS)

20. FILED Sept 21, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Anna to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 11:00 am.

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

Chronic schism
Chronic before myocarditis

Other contributory causes of importance: 93C

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?

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 related to occupation of deceased?

If so, specify

(Signed) [Signature]

(Address) [Signature]

..... M. D.

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.

