

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

Do not use this space.

NOV 18 1937

36568

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1 Kaw Primary Registration District No. 1002
City Kansas City (No. General Hospital) St. _____ Ward _____

2. FULL NAME

Hattie May Smith
(a) Residence, No. 2316 Bellefontaine 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 71 _____ _____ _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) No Record

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Littlefield
(ADDRESS) 1409 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 10/5/37, 1937

19. UNDERTAKER Smith & Tabin Co.
(ADDRESS) 20 W. Winwood

20. FILED Oct 4 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1/37, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 1937, to _____, 1937.

I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above at _____ m.

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

Artery Occlusion
Arteriosclerotic Atherosclerosis
94B

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Analysis 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 _____, 1937

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], M. D.

(Address) _____

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.

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