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.

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

Do not use this space.

1. PLACE OF DEATH NOV 18 1937

County Jackson — Registration District No. — File No. 36858

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City, Mo. (No. St Joseph Hospital St. Ward)

2. FULL NAME Mrs. Mabel Pearl Smith

(a) Residence, No. 2318 East 48th St. St., 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: 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: Dillard Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 4, 1891

7. AGE: 25 — YEARS: 46 — MONTHS: 6 — DAYS: 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cashier
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: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dillard Smith, 2318 E 48th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Oct. 22-37, 19

19. UNDERTAKER (ADDRESS): C. H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED 10-25 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 19 37

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

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 5 P m.

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

Carcinoma of Ampulla of Vater — Date of onset
Metastatic CA of Liver

Other contributory causes of importance:
46

Name of operation: Autopsy — 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) Russell W Kerr, M. D.
(Address) K C Mo

Dr. D. M. Nigro, Argyle Bldg. Ha 2388

207 E 57 [illegible]

[illegible] 12 1951