

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 35Township St. JosephPrimary Registration District No. 35City St. Joseph(No. State Hospital # 2)File No. 10180Registered No. 318

St. _____ Ward _____

2. FULL NAME Tessie McAllister Smith(a) Residence, No. 1024 Ford(Usual place of abode) Kansas City, Mo.

St. _____

Ward _____

Kansas City, Mo.

(If nonresident, give city of town and State)

Length of residence in city or town where death occurred 6 yrs. 10 mos.ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Ashley Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1889

7. AGE

YEARS 49MONTHS 8DAYS 10

If LESS than 1 day, hrs. or min.

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

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) Litchin, Neb.13. NAME John W. White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.15. MAIDEN NAME Sarah Eldridge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.17. INFORMANT Ashley Smith
(ADDRESS) 1024 Ford St. Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital #2 DATE 3/16 193819. UNDERTAKER R. C. R. Sidenfaden
(ADDRESS) 602 South 11th20. FILED 3/16 1938 A. H. Huthsch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 193822. I HEREBY CERTIFY, That I attended deceased from later, 1937, to March 15, 1938I last saw her alive on March 15, 1938 Death is saidto have occurred on the date stated above, at 5:10 A.M.

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

Bilateral pulmonary tuberculosisDate of onset Disc. 1937

Other contributory causes of importance:

General paralysis of the insane 5/12/31

Name of operation _____ Date of _____

What test confirmed diagnosis: Clinical Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: no
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) A. H. Panethies M. D.(Address) State Hospital no 2

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.

FEB 7 1944