WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 13473
Township Kaw — Primary Registration District No. 1002 — Registered No. 1453
City Kansas City (No. 4111 Troost St. Ward)

2. FULL NAME Mrs. ~~Mary~~ Nettie H. Smith 530
(a) Residence, No. 4111 Troost 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1859

7. AGE: YEARS 78 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

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): Florrisant, Mo.

FATHER
13. NAME: Robert Brand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florrisant, Mo.

MOTHER
15. MAIDEN NAME: Lucy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Mr. William E. Smith, 4111 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edina, Mo. DATE 4/5/38 19

19. UNDERTAKER (ADDRESS): QUIRK & TOBIN COMPANY, Kansas City, Missouri

20. FILED Apr. 4 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938, to Apr 3, 1938.
I last saw her alive on Apr 3, 1938. Death is said to have occurred on the date stated above, at 3:19 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 3/31/38
82a1

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) [signature], M. D.
(Address) 925 Argyle Bldg

See affidavit in misc file D.H. 72 - 1938