

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

17447  
 Do not use this space.

**1. PLACE OF DEATH**

REC'D JUN 9 1938

(a) County Jackson Registration District No. 397  
 (b) Township Kew Primary Registration District No. 100 Registered No. 2144  
 (c) City K. C. Mo. (d) Street No. 4130 Troost Avenue, K.C. Mo. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Anna Belle Smith, 530

(a) Residence, No. 4130 Troost Avenue, K.C. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**
**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wilbur Smith.

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1938, to May 23 - 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5th, 1863

I last saw her alive on May 23, 1938. Death is said to have occurred on the date stated above, at 3:45 A.M.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	74	8	18	

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Cardiovascular disease  
arterio-sclerosis  
arterio-sclerosis  
arterio-sclerosis  
 Date of onset unknown  
 Other contributory causes of importance:  
Double debility

12. BIRTHPLACE (CITY OR TOWN) Mt. Holly  
 (STATE OR COUNTRY) Ohio.

13. NAME Jesse Collins  
 14. BIRTHPLACE (CITY OR TOWN) No Record  
 (STATE OR COUNTRY)

15. MAIDEN NAME Frances Everheart  
 16. BIRTHPLACE (CITY OR TOWN) No Record.  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Mamie Dillingham.  
 (ADDRESS) Ruth, Nevada.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope, K.C.Ks. DATE May 25th, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster  
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED May 24, 1938 M. M. Brown  
 Local Registrar.

Name of operation None Date of ✓  
 What test confirmed diagnosis Cholera Was there an autopsy? None

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 Gravel (Signed) Richard, M. D.  
 (Address) 206 Hyde 2-E 394 Kansas City Mo.

Me: 5070

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**