

1938 JAN 7 3 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kass
City Kansas City (No. 1)

Registration District No. 399
Primary Registration District No. 1002
St. Mary's Hospital

File No. 41898
Registered No. 4964
St. _____ Ward _____

2. FULL NAME 530 Nancy I. Smith

(a) Residence, No. 4717 Washita--Johnson County, Kansas (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. da.

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 Joseph Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1861

7. AGE YEARS 77 MONTHS 5 DAYS 22 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) Warren County Illinois

MOTHER FATHER 13. NAME Frank Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Amanda Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Della Lahey (ADDRESS) 4750 Washita

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec. 22, 1938

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED Dec 21, 1938 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938 to Dec 21, 1938
I last saw her alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 2 days
Ch. suppurativa 6 years

Other contributory causes of importance influenza (La Grippe) 5 days
Ch. suppurativa

Name of operation None Date of _____
What caused diagnosis? Was there an autopsy?
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? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify M. B. Casbalt M. D.
(Signed) M. B. Casbalt
(Address) 1222 Waterloo St. K. C. Mo.

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.

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Dr Cahill
Respects Betty.