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

Do not use this space.

24557

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3340
Township Kaw — Primary Registration District No. 1002 — Registered No. 3340
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Miss Sarah Ann Smith
(a) Residence. No. 2331 East 25th 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 30 yrs. mos. 11 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 22 - 1846.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Music teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clarke County Mo
(STATE OR COUNTRY) St Francis Mo.

PARENTS

10. NAME OF FATHER Nathan Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ann Weaver
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clarke Co.
(STATE OR COUNTRY) St Francis Mo.

14. INFORMANT Mrs. E. S. Smith
(Address) 2331 E. 25

15. FILED 8/30, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1927

17. Coroner
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Burns 3rd Deg face and neck.
181
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hair Caught fire from match (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 174
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) H. E. Moss, M. D
8-28, 1927 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: Aug 31 1927.

20. UNDERTAKER: Eylar Bros — ADDRESS: 1800 Linwood

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.