

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

Do not use this space.

9324

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1559
 Township Kear Primary District No. 100 Registered No. 1559
 City Kansas City (No. Old City Hospital) St. Mo. Ward

2. FULL NAME

Effie Thomas
 (a) Residence No. 1617 W 8th St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>33</u>	<u>6</u>	<u>18</u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Miss

10. NAME OF FATHER Square Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Matilda Wall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Miss

14. INFORMANT (Address) Patient, pros to death. 708 Jefferson

15. FILED 4/5 - 28 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 19 28

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1928 to 3-28, 1928
 that I last saw h. alive on 3-27-28, 1928, and that death occurred, on the date stated above, at 105a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis for advanced.
23A (duration) Unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tb in sputum
 (Signed) H. M. Smith, M. D.
1/29, 1928 (Address) Old City Hospital, K.C. Mo.

*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 Blue Ridge Lawn DATE OF BURIAL 4-6 1928

20. UNDERTAKER H B Moore ADDRESS 1820 E 18

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.

