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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1708 Harrison St. Ward)
Registration District No. 399
Primary Registration District No. [illegible]
File No. 40956
Registered No. [illegible]

2. FULL NAME Myrtle Wakefield
(a) Residence. No. 1708 Harrison St., 4 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.
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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1893
7. AGE Years 35 Months 7 Days 5. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Kansas.

PARENTS
10. NAME OF FATHER Henry Smith.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unk
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Lamb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk.
(STATE OR COUNTRY)

14. INFORMANT Della Scott
(Address) 919 E. 17th.

15. FILED 12-21, 1928 M. M. Crowe REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/21 1928.
17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Dec. 20, 1928 that I last saw her alive on Dec. 20, 1928, and that death occurred, on the date stated above, at 2:15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11A
108
11A (duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) F. J. Haugh, M.D.
12-21, 1928 (Address) 2200 East 18th St.

*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 Highland
DATE OF BURIAL 12/24 1928
20. UNDERTAKER Watkins Bros.
ADDRESS 1729 Lydia

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.

F. J. Haugh.