

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

Do not use this space.

18193

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 002
City Kansas City (No. 814 Westover Road St. _____ Ward _____)

File No. _____
Registered No. 2238

2. FULL NAME

Mary Conyers Smith

(a) Residence. No. 814 Westover Road St. 8 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>1</u>	<u>13</u>	

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) Quincy
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wm. H. Conyers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Annie James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bangor
(STATE OR COUNTRY) Maine

14. INFORMANT Mrs. Clifford B. Smith
(Address) 814 Westover Road

15. FILED 9/15/29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 19 29

17. I HEREBY CERTIFY, That I attended deceased from Quincy, 1929, to May 13, 19 29 that I last saw him alive on April 30, 19 29, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
59 cerebral lacunae (left)
82A Diabetes
17 (duration) yrs. mos. ds.

CONTRIBUTORY recurrent lacunae in right side
(SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol Spins
(Signed) Frederick M. Miller, M. D.

May 14, 1929 (Address) 1500 Fed Res Bldg Bldg

*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 Clatskanie Oregon DATE OF BURIAL 5-15-1929

20. UNDERTAKER Stine & McPherson ADDRESS 3235 Lincoln Plaza

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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18th Floor Federal Reserve