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

399

Do not use this space.

27771
3462

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 442 West 62nd St. Terrace St. Ward)

2. FULL NAME Mary E. Smith

(a) Residence. No. St., Ward. Arkansas City, Kans. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	11	2	

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)
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER William Slater
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Ann Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Laurel B. Wright, Jr.
(Address) 442 West 62nd St Terr

15. FILED 8/13, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929, to Aug 10, 1929, that I last saw him alive on Aug 10, 1929, and that death occurred, on the date stated above, at 10:33 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Pancreas
TB
1 yr 1 mo 12 ds (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Obstruction Common Bile Duct + Pressure on Portal Vein (duration) 1½ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Oklahoma
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinic + X Ray
(Signed) Nelson A. Taylor M.D.
8/13 1929 (Address) 815 Strickland 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~~ Forest Hill Cemetery — DATE OF BURIAL 8-13 1929

20. UNDERTAKER Stone & McClure — ADDRESS 8235 Gillham Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 10 2 235

812 Laubert Bldg.
V13925
2-4:30