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.

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

Do not use this space.

29599

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3521
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2501 Chestnut St. Ward)

2. FULL NAME Miss Elizabeth D. Smith
(a) Residence, No. 2501 Chestnut 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh.
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) Jan. 1-1854
7. AGE YEARS 79 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Voice Culture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

FATHER
13. NAME Nathian Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Ann. Weaver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

17. INFORMANT (ADDRESS) Minnie E. Smith 2501 Chestnut
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept 6 1933
19. UNDERTAKER (ADDRESS) Eular Funeral Home K. C. Mo.
20. FILED 9-5- 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH Sun.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1927, to Sept 3d, 1933
I last saw her alive on Aug 27th 1933. Death is said to have occurred on the date stated above, at 7 45/9 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myo Carditis — Date of onset 8 years ago
936
97
93
Other contributory causes of importance:
Arterio Sclerosis —

Name of operation — Date of →
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. von Quast, M. D.
(Address) 2544 Ocie