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.

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

Do not use this space.

36400

399

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City, Mo. (No. 3321 Montgall St. 4309 Ward)

Registration District No. 002
Primary Registration District No.

File No.
Registered No.

2. FULL NAME: Mary Frances Smith

(a) Residence, No. 3321 Montgall 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: Female
4. COLOR OR RACE: White
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. 6, 1907

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
26	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Union
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): Missouri

FATHER

13. NAME: Elmore Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Anna Castell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: J. C. Needles, Jr.
(ADDRESS) 3321 Montgall, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE 11-3-33, 19

19. UNDERTAKER: R.V.Lindsey & Sons,
(ADDRESS) K.C.Mo.

20. FILED 11-3, 1933 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1933, to Nov. 1st, 1933

I last saw her alive on Nov 1st, 1933. Death is said to have occurred on the date stated above, at 11:PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) Herbert L. Mertz, M. D.
(Address) 314 Medical Arts