

SEP 25 1935

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

Fin
 Do not use this space.

28634

1. PLACE OF DEATH

County Jackson Registration District No. 379
 Township Low Primary Registration District No. 1002
 City Kansas City (No. 4027, Bales)

File No. _____
 Registered No. 28634
 St. _____ Ward _____

2. FULL NAME Mrs. Martha Smith

(a) Residence, No. 4027 Bales St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-10-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Illinois

13. NAME Wm R. Pawley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Rebecca Gibbens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Miss Estie Smith
 (ADDRESS) 4027 Bales

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rich Hill Mo. DATE Aug-29, 1935

19. UNDERTAKER Pond & Reasly
 (ADDRESS) Rich Hill Mo.

20. FILED Aug. 28 1935 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-18-, 1935 to 8-27-, 1935

I last saw her alive on 8-27-, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Haemorrhage Date of onset 8-10-35

Other contributory causes of importance: Uremia

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

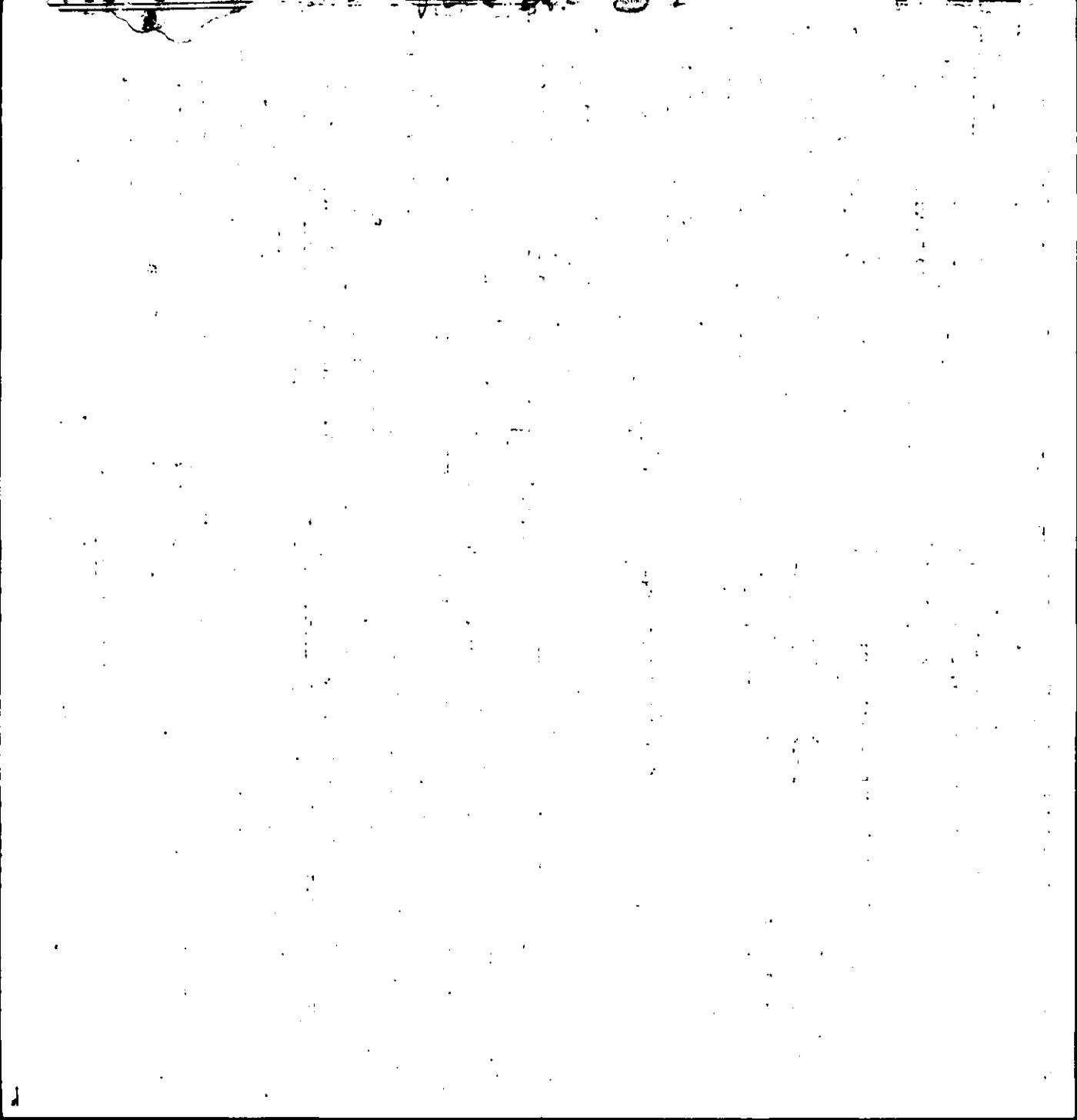
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) Tom Sawyer, M. D.

(Address) 1701 Jackson



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township St. Louis

Primary Registration District No. 1002

Registered No. 3384

City St. Louis (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4027 Bayles 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

73 9 17

Cerebral hemorrhage

Date of onset 8/10/35

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc.

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 _____

Other contributory causes of importance:

Artemia
chronic nephritis

8/22/35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/28 1935 M. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) Jan Sawyer, M. D.
(Address) 1701 Jackson

OCCUPATION

FATHER

MOTHER

SUPPLEMENTAL

S-26634