

OCT 22 1935

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

Do not use this space.

29606

## 1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township Kaw

Primary Registration District No. ....

City Kansas City(No. 4442 Wyoming)

File No. ....

Registered No. 3320

St. .... Ward

2. FULL NAME Mrs. Mary A. Smith(a) Residence, No. 4442 Wyoming 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFSamuel Smith

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

May 29, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.73317

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At Home9. 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)Arkansas

FATHER

13. NAME

Dont know

MOTHER

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Dont know

15. MAIDEN NAME

Mary A. Cullison16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Dont know17. INFORMANT  
(ADDRESS)Mr. Samuel Smith  
4442 Wyoming K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 9/19/3519. UNDERTAKER  
(ADDRESS)R. V. Lindsey & Sons  
3811 Broadway K. C. Mo.

20. FILED

Sept 17 1935 M. M. Corowe

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16/35 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug 31, 1935, to Sept 15, 1935I last saw u alive on Sept 13, 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:

Cerebrina flux

Date of onset

Other contributory causes of importance:

Name of operation .....

Date of .....

What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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) A. S. ..., M. D.(Address) 1500 ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Carl B. Schutz  
1500 Prof. Bldg -  
2 to 4