NOV 21 1935

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

Do not use this space.

1008

32958

File No. 67 C 2

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kansas — Primary Registration District No.:

City: Kansas City (No. KC General Hosp. St. Ward)

2. FULL NAME: Smith Lena

(a) Residence, No. 7012 E. 17th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 19 - 1891

7. AGE: Years 44 | Months ~~120~~ | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Ill

FATHER

13. NAME: W. O. Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Eva Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Ed Ward Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Lawn DATE: Oct 31 1935

19. UNDERTAKER (ADDRESS): Sheil Funeral Home 6606 Independence

20. FILED 10/30 1935 M. M. Crouse, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1935, to 10-24, 1935

I last saw her alive on 10-24, 1935. Death is said to have occurred on the date stated above, at 3:50 a.m.

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

	Date of onset
Polyglandular Dys-trophy. Chronic Glomerular Nephritis	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

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) J. H. Jennett, M. D.

(Address) KC Gen Hosp

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

VS. No. 2
100M-3-28-35