

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

1409
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kew Primary Registration District No. 1002
 (c) City Kennett (d) Street No. Genl Hosp # 2 Registered No. [Redacted]
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME KATIE BATES SMITH 590
 (a) Residence, No. 1800 E 2nd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 - 1878
 7. AGE YEARS 59 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
 9. Industry or business in which work was done, as 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) Clarksville, Tenn

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Margaret Gray

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

17. INFORMANT (ADDRESS) Mrs. Edna Ray 5701 Wornall Road

18. BURIAL, CREMATION, OR REMOVAL 1-7-38
 PLACE Clarksville, Tenn DATE

19. FUNERAL DIRECTOR Flynn & Greenleaf
 (ADDRESS) Kennett

20. FILED Jan 7 1938
M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw Deputy Coroner, 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive Myocarditis - Generalized Atherosclerosis
 9501
 Date of onset

Other contributory causes of importance:

Name of operation Autopsy 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) Russell Wilson M. D. #
 (Address) _____

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.

RECEIVED

FEB 18 1937

BUREAU OF VITAL STATISTICS
M.C. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Wm G Shyrum, Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward J Evans

for Flynn & Greenstreet, Inc.
L. E. No. 3836 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wm G Shyrum

Licensed Embalmer No. 2211

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)