REC'D JUN 9 1938

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

17238
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1935
(c) City Kansas City — (d) Street No. 926 E-3rd St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Myrtle Smith 530
(a) Residence, No. 926 E-3rd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Benjamin Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1895
7. AGE YEARS 43 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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) Kansas, 9

FATHER
13. NAME unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown. 9

MOTHER
15. MAIDEN NAME unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.

17. INFORMANT (ADDRESS) Benjamin Smith 926 E-3rd St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Olive Ridge DATE 5-9-38
19. FUNERAL DIRECTOR H. B. Moore (ADDRESS) 1920 E-18th St.
20. FILED May 9, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to May 4, 1938.
I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Capillary Bronchitis with Plastic Pleuritis & Empyema of Right Lung — Date of onset

10 1/2

Other contributory causes of importance: Cold & Exposure

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) Chas. E. Briscoe M. D.
(Address) 719½ Independence Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, J H B Moore, Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J H B Moore

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J H B Moore

Licensed Embalmer No.

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