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

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.

JUN 27 193

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

Do not use this space.

Bishop 18870

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 152
City Sedalia (No. Bothwell Hosp St. Ward)

2. FULL NAME Fredrick Ronald Smith
(a) Residence, No. 2003 Marvin St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 1913
7. AGE: YEARS 18 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
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) Sedalia Mo

FATHER
13. NAME F. R. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Maude Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) F. R. Smith Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 5/8 1931
19. UNDERTAKER (ADDRESS) Ernest Gillespie Sedalia Mo
20. FILED 5-16 1931 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Dewey body, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Injuries received by being thrown from motor cycle skull fractured & internal injured

Date of onset: 5 21

Other contributory causes of importance: 211

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-6, 1931
Where did injury occur? 10 ft Engineer strips Sedalia Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury fracture of skull
Nature of injury fractured skull & other injuries

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Riding motor cycle
(Signed) W. T. Bishop Coroner M. D.
(Address) Sedalia Mo