

REC'D MAR 22 1938

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

Do not use this space.

7575

**1. PLACE OF DEATH**County NewtonRegistration District No. 609

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4363Registered No. 20City Neosho (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_**2. FULL NAME**(a) Residence, No. 520 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****MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blair Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>27</u>	<u>6</u>	<u>07</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pet Milk

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) St Joseph Mo.13. NAME James Franklyn Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo.15. MAIDEN NAME Anna J. Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempfle Mo.17. INFORMANT (ADDRESS) Bessie Smith Neosho Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Co. Cem. DATE 2-25, 193819. UNDERTAKER (ADDRESS) Barley Thompson Neosho Mo.20. FILED 2-26, 1938 Orval Sale Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him in bed on 1-23, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

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

Self inflicted wound with 32 Caliber Pistol in right temple

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? suicide Date of injury 2-22, 1938Where did injury occur? Neosho, Missouri (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. In HomeManner of injury shot Nature of injury 32 automatic Pistol in right temple and came out left temple24. Was disease of injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Barley Thompson(Address) Neosho Mo. U.

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

