

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

**39930**

Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 609  
 (b) Township Neesho Primary Registration District No. #363 Registered No. 111  
 (c) City Neesho (d) Street No. 5-804 St. \_\_\_\_\_  
 (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. da.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Francis Marion Smith  
 (a) Residence, No. Rt. 2 #1, Neesho 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1857  
 7. AGE YEARS 81 MONTHS 2 DAYS 29 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) Nashville Tenn.

FATHER 13. NAME James Smith

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. Stella Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia Cem. DATE 10-29-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barley Thompson Neesho Mo.

20. FILED 11-14 1938 Anna B. Sale, M.D. (Address) Neesho Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-38

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him indeed on 10-27, 1938. Death is said to have occurred on the date stated above, at 8 A. M.  
 The principal cause of death and related causes of importance were as follows:

Cause of death unknown  
Probably organic heart attack.  
Dropped dead after climbing a hill while hunting squirrels.  
 Other contributory causes of importance:  
Natural causes

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? \_\_\_\_\_ 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) Barley Thompson \_\_\_\_\_ M.D.  
Neesho Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Barley Thompson*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address

*Keosauqua Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**