

REC'D JUN 20 1939

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

18415

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township Platte Primary Registration District No. 5281 Registered No. 14
(c) City Smithville (d) Street No. _____ 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

(a) Residence, No. _____ 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 M 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 N
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 50
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. 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) unknown 9

FATHER 13. NAME unknown 9

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) Mrs R Pratt

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) 709 Washington St Kansas City, Mo

19. FUNERAL DIRECTOR (ADDRESS) McLames Mortuary

20. FILED 6-20-1939 E. C. Hill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 19 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on (C. Connors), 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

by Cutting Arteries & Veins
in each Radial Region
165
Date of onset _____

Other contributory causes of importance: Paris Green Poisoning

Saw the Paris Green in cup when he had mixed it & drank it.

Name of operation none Date of _____

What test confirmed diagnosis? Seeing only 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 about May 17, 1939

Where did injury occur? at his house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cutting Radial Arteries and

Nature of injury Salivary & Parotid Glands

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify M. R. Nyberg, Coroner M. D.

(Signed) E. C. Hill (Address) 257-10 - Kansas St - Smithville, Clay County, Mo

