

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

Do not use this space.

4  
27904  
File No. \_\_\_\_\_  
Registered No. 224  
St. 5 (Ward)

**1. PLACE OF DEATH**

County Monroe Registration District No. 547  
Township Monroe Primary Registration District No. 307  
City Hannibal (No. 1275 Callin St)

**2. FULL NAME**

(a) Residence. No. 1275 Callin St St. 5 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) March 7, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5 | 23 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Medico  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Sumner Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Argosse  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Alta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Independence  
(STATE OR COUNTRY) Mo

14. INFORMANT Sumner Smith  
(Address) 1275 Callin St.

15. FILED Sept 19 1928 G E Strote  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 30 1928 to 1928 to \_\_\_\_\_  
that I last saw him alive on Aug 30 1928 and that death occurred, on the date stated above, at 11 A m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

barbaric acid  
poison  
few hours  
(duration) yrs. mos. da.

**CONTRIBUTORY**  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) A W Fox, M. D.

Aug 30 1928 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Baptist Cem DATE OF BURIAL 8-31-1928  
20. UNDERTAKER James Osbourne ADDRESS Hannibal 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.

