

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

Do not use this space.

1938

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

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

Township Rain

Primary Registration District No. 1002

Registered No. 556

City Sumaco City

(No. Old City Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1100 1/2 S. 2nd Ave. Ward 12

(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**

**3. SEX**

Om

**4. COLOR OR RACE**

OB

**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)**

Unknown

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Perm  
Starling Smith

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Perm

**12. MAIDEN NAME OF MOTHER**

Barrie Brown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Perm

**14.**

INFORMANT  
(Address)

Mr Barrie Smith  
1627 Park

**15.**

FILED

1-8-39 M M Crow  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

1-30-39

**17.**

I HEREBY CERTIFY, that I attended deceased from

19\_\_\_\_, to 19\_\_\_\_

that I last saw him alive on 19\_\_\_\_, and that death occurred, on the date stated above, at 19\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Homicide - Firearm  
173

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed Dr. L. L. Larned, M. D.)

19\_\_\_\_ (Address) Deputy Coroner

\*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**

**DATE OF BURIAL**

Blue Ridge Lawn Cemetery

2-8-39

**20. UNDERTAKER**

**ADDRESS**

Wm. L. Larned

1606 E. 18

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.

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS

