

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

Do not use this space.

17618

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township _____ Primary Registration District No. 3016
 City Washington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Richard Clyde Smith
 (a) Residence, No. Cleveland Tenn. St. _____ Ward St. Francis Hospital
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 days How long in U. S., if of foreign birth? 0 yrs. 1 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Lou Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1906

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 26, 1931 to May 28, 1931
 I last saw him alive on May 28, 1931. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 11 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 20 days 11. Total time (years) spent in this occupation _____

Violent Victim found by section workers, presumably run over by train while walking on tracks.
 Other contributory causes of importance: Fracture of Scull, Spine and Pelvis.
 Name of operation None Date of _____
 What has confirmed diagnosis? X'Ray Was there an autopsy? NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Tenn.
 13. NAME Jacob Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Tenn.
 15. MAIDEN NAME Bertha Ramsey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Tenn.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 5-26-1931
 Where did injury occur? Near Moselle, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On right of way Frisco Railway
 Manner of injury Don't know
 Nature of injury Fracture Scull, spine, pelvis

17. INFORMANT (ADDRESS) J. East Smith
 18. BURIAL, CREMATION, OR REMOVAL PLACE Red Hill cemetery DATE _____
 19. UNDERTAKER (ADDRESS) Hubert & Pitt 4. Wm. Flitt Washington, Mo.
 20. FILED May 29, 1931 O. L. Munch Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____ (Signed) Bert E. Markopf, M. D.
 (Address) Washington, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 25 1931

