

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Blair
City Blair (No. St. Ward)

Registration District No. 827
Primary Registration District No. 4500

File No. 30277
Registered No. 9

2. FULL NAME

Kirby Lee Smith
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 30

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Smith

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

12. MAIDEN NAME OF MOTHER Louisa Jane Profit

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

14. INFORMANT Cherene No
(Address) 821 Smith Canyon

15. FILED 8/21 1931 Roy Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Aug 19, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide - shot himself in the head with 410 shotgun
Inquest not considered necessary
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 167
IF NOT AT PLACE OF DEATH 167

8 DID AN OPERATION PRECEDE DEATH? 167 DATE OF 167
WAS THERE AN AUTOPSY? 167

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. P. Thompson Coroner, M. D.

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.
8/19 1931 (Address) Shelbyville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL Aug 21 1931

20. UNDERTAKER E. C. Hopper ADDRESS Blair 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.

SEP 28 1931

