

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pettis
 Township Smithton
 City (No.)

Registration District No. 669
 Primary Registration District No. 5892

File No. 35323
 Registered No. 12
 St. Ward

2. FULL NAME

(a) Residence, No. James David Roman St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11-86</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>7</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithton</u> <u>Pettis Co Mo</u>		
13. NAME <u>M. F. Roman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Smithton</u> <u>Morgan Co</u>		
15. MAIDEN NAME <u>Actna Myline</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State Ind</u>		
17. INFORMANT (ADDRESS) <u>Mr. Chas Roman</u> <u>Smithton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>Nov 1 1931</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Neumann</u> <u>Smithton Mo</u>		
20. FILED <u>Nov 9 1931</u> <u>Mrs J. G. Monser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1931 to 10-30, 1931
 I last saw him alive on 10-30, 1931 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
suicide. 22 cal. bullet right temp.
167
 Other contributory causes of importance:
167

Name of operation Date of 10/29
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide Date of injury 10/29, 1931
 Where did injury occur? New Smithton Mo
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
In his home
 Manner of injury falling from
 Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) E. H. Holtzman, M. D.
 (Address) Smithton Mo

