

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

Do not use this space.

39730

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1013

City St. Louis (No. St. Pauls City Hospital #2)

File No.

Registered No. 11981

St. Ward)

2. FULL NAME Hattie Smith

(a) Residence. No. 4346 Cte. Belmont St. 11 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Milton Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1906

7. AGE

YEARS 25

MONTHS 6

DAYS 5

If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer.....

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

10. NAME OF FATHER William Jennings

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

12. MAIDEN NAME OF MOTHER Carrie Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baton Rouge
(STATE OR COUNTRY) La.

14. INFORMANT Mrs. Sabre Robinson
(Address) 3403^a Walnut St.

15. FILED DEC -1 1931 May C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 27 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from.....

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot wound of chest caused by bullet fired from gun of hand of Milton Smith (Col.) in St. Louis, Mo.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 173 Homicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner M.D.

10/11 1931 (Address) Dep. 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 Greenwood Cemetery
DATE OF BURIAL 12/1 1931

20. UNDERTAKER C. W. Roberts
ADDRESS 3035 Lucas

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

