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.

FEB 24 1932

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

Do not use this space.

835

File No.
Registered No. 3

1. PLACE OF DEATH

41 County Harrison
3 Township
3 City Cainsville (No. , St. Ward)

Registration District No. 336
Primary Registration District No. 4199

2. FULL NAME Alaxander Smothers

(a) Residence, No. Cainsville 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

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) Mercer Co Mo 1

FATHER

13. NAME Joshua Smothers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

MOTHER

15. MAIDEN NAME Lucretia Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Lonnard Smothers Madrid Ia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cain DATE 1-19 1932

19. UNDERTAKER (ADDRESS) G W Estep Cainsville Mo

20. FILED 2/8 1932 C E Odum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Jan 17, 1932

I last saw him alive on Jan 17, 1932. Death is said to have occurred on the date stated above, at 8 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound.	
D. S. Duff MD	
Cainsville Mo	

Other contributory causes of importance:
Inquest held Jan 19-1932.
Jury found. Death caused from gunshot wound, fired by John Smothers

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 16, 1932
Where did injury occur? Cainsville Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Father home.
Manner of injury Gunshot wound. 4
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify X

(Signed) F H Beets DO Bowen
(Address) 8 Bethany Mo.