

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

Do not use this space.

5628

1. PLACE OF DEATH

78 County St. Louis Registration District No. 65-1
Township Little Prairie Primary Registration District No. 5-862
City Barney (No. _____) St. _____ Ward _____

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Billie 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Bonnie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 11</u>		
7. AGE	YEARS	MONTHS
<u>About</u>	<u>34</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barmer</u>		11. Total time (years) spent in this occupation <u>2 1/2</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) <u>Feb 19 1932</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Billie Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Maggie Walden</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Dr. Smith, Caruthersville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Cemetery 2-4-32</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Smith, Caruthersville, Mo</u>		
20. FILED <u>Feb 8, 1932</u> <u>C. de Motive</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-32

2. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death, and related causes of importance were as follows:
Gunshot at the hands of Moody Andrews

Date of onset 1-13

Other contributory causes of importance 173 (7)

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 Feb 3, 1932
Where did injury occur? Barney, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on field near home
Manner of injury Shot with shot gun
Nature of injury Burn shot wound

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. Marshall
(Address) Caruthersville

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.

MAR 5 1932

