

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.

APR 27 1932

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

Do not use this space.

8867

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 5 Township _____ Primary Registration District No. 3020
 7 City Carthage, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Anderson, Jasper Smith
 (a) Residence, No. 325 Orchard St. _____ Ward _____
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22nd 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 221

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) Jasper, Mo.

FATHER 13. NAME Samuel Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Edgar Smith
 (ADDRESS) 325 Orchard St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill Cemetery DATE 3/29/32

19. UNDERTAKER Wm. - Drake
 (ADDRESS) Carthage Mo.

20. FILED Mar 29, 1932 O. H. Ketcham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932, to Mar 29, 1932
 I last saw him in dead alive on Mar 29, 1932 Death is said to have occurred on the date stated above, at 9:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Gun shot wound of head
 Date of onset 3/27

Other contributory causes of importance:
167
167
5

Name of operation none Date of _____
 What test confirmed diagnosis? request Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide (Date of injury 3-27, 1932)
 Where did injury occur? 325 Orchard Carthage
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury suicide by revolver
 Nature of injury gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Tom Simmons M. D.
 (Address) Boronia, Jasper Co.

