

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

Do not use this space.

26681

1. PLACE OF DEATH

County Rice Registration District No. 502

Township Memorials Hospital Primary Registration District No. 4305

City Memorials Hospital St.                      Ward                     

2. FULL NAME Sidney Webster 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 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 Mary E Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Randolph, Co

13. NAME John Mott Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rout Huron

15. MAIDEN NAME Mahulda Ann Haigler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W-Va

17. INFORMANT (ADDRESS) Mary E. Smith  
Memorials Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Belle Camp DATE Aug 18 1932

19. UNDERTAKER (ADDRESS) Jas M. Anglin  
Memorials Hospital

20. FILED 8/18 1932 Ola Tutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1932

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

I last saw him alive on Aug 16 1932 Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Hemorrhage  
Shock  
173 1/3  
Other contributory causes of importance:  
Sun-shad wound in chest.  
Date of onset                     

Name of operation None Date of                       
What test confirmed diagnosis? Chol. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury Aug 16 1932

Where did injury occur Ches. Co. - Mo. - near Independence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury By discharge of shot gun  
Nature of injury fracture of left & right chest

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

(Signed) M. L. Diehlweger, M. D.  
(Address) Memorials Hospital

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.

SEP 24 1932

