

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

Barger
Do not use this space.

32730

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No. _____)

Registration District No. 3091
Primary Registration District No. 4184

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

Johnny Harland Smith
(a) Residence No. _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

13. NAME Lawrence Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

15. MAIDEN NAME Myrtle Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

17. INFORMANT (ADDRESS) Lawrence Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Carter DATE Oct 20

19. UNDERTAKER (ADDRESS) W. G. Noble

20. FILED Oct 24 1933 J. H. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 18, 1933

I last saw him alive on Oct 18, 1933. Death is said to have occurred on the date stated above, at 60 a.m.

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

Bas. Gangrene
Accident
Date of onset Oct 16

Other contributory causes of importance:

Name of operation none 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? no Date of injury Oct 14, 1933

Where did injury occur? Barlington Mo
(Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. practice compound of left arm

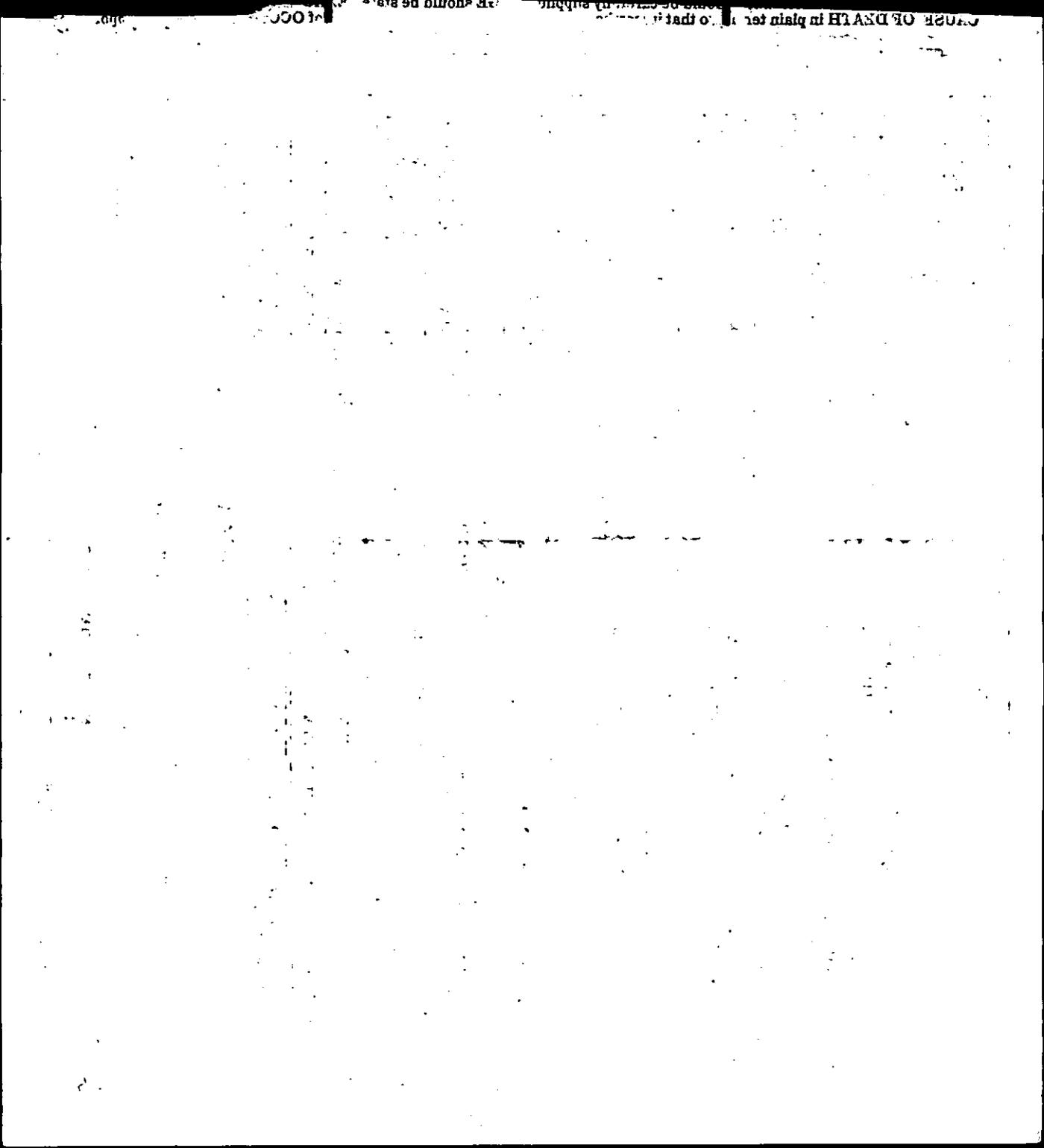
Manner of injury _____
Nature of injury fracture of left arm

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____
(Signed) J. H. Barger, M. D.
(Address) Albany Mo

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.

NOV 10 1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gentry
Township _____
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4182

File No. 32730
Registered No. 61 (St. _____ Ward _____)

2. FULL NAME

Johnny Harland 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

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

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED Nov 23, 1934 W. J. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

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

I last saw him alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Accident - fracture of left arm. Date of onset _____

Accident was caused by contact with belt
Other contributory cause of importance: Saw

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

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

(Signed) J. N. Barger, M. D.

(Address) Albany Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

where no ceremony supplied. Age should be stated by ACCIDENT RECORD. Exact statement of OCCURRENCE is very important. If in plain term, so that it may be properly classified.

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