

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Moniteau*
Township *Walders*
City *California* (No., St. Ward)

Registration District No. *1095 57*File No. *5790*Primary Registration District No. *4334335*

Registered No.

2. FULL NAME

(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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 24 - 1881*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *52 11 4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Undertaker*

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) *Scotland*13. NAME *W^m Smith*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*15. MAIDEN NAME *Janet McCroxy*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*17. INFORMANT (ADDRESS) *W^m Smith
Ortwell Mich*18. BURIAL, CREMATION, OR REMOVAL PLACE *Magnie Cem* DATE *3/14* 193419. UNDERTAKER (ADDRESS) *Villanova & Friedmeyer
California Mo*20. FILED *3-3* 1934 *J. Martin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 28* 193422. I HEREBY CERTIFY, That I attended deceased from *Feb 28* 1934 to *Feb 28* 1934I last saw him alive on *Feb 28* 1934. Death is saidto 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 that wounded
on left side of back
and killed. Hand held
also in abdomen.
That gun.*

Other contributory causes of importance:

Name of operation *175* Date of *175*What test confirmed diagnosis? *175* Was there an autopsy? *175*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide *Penitentiary* Date of injury *2-28* 1934Where did injury occur? *Charleburg, Mo*

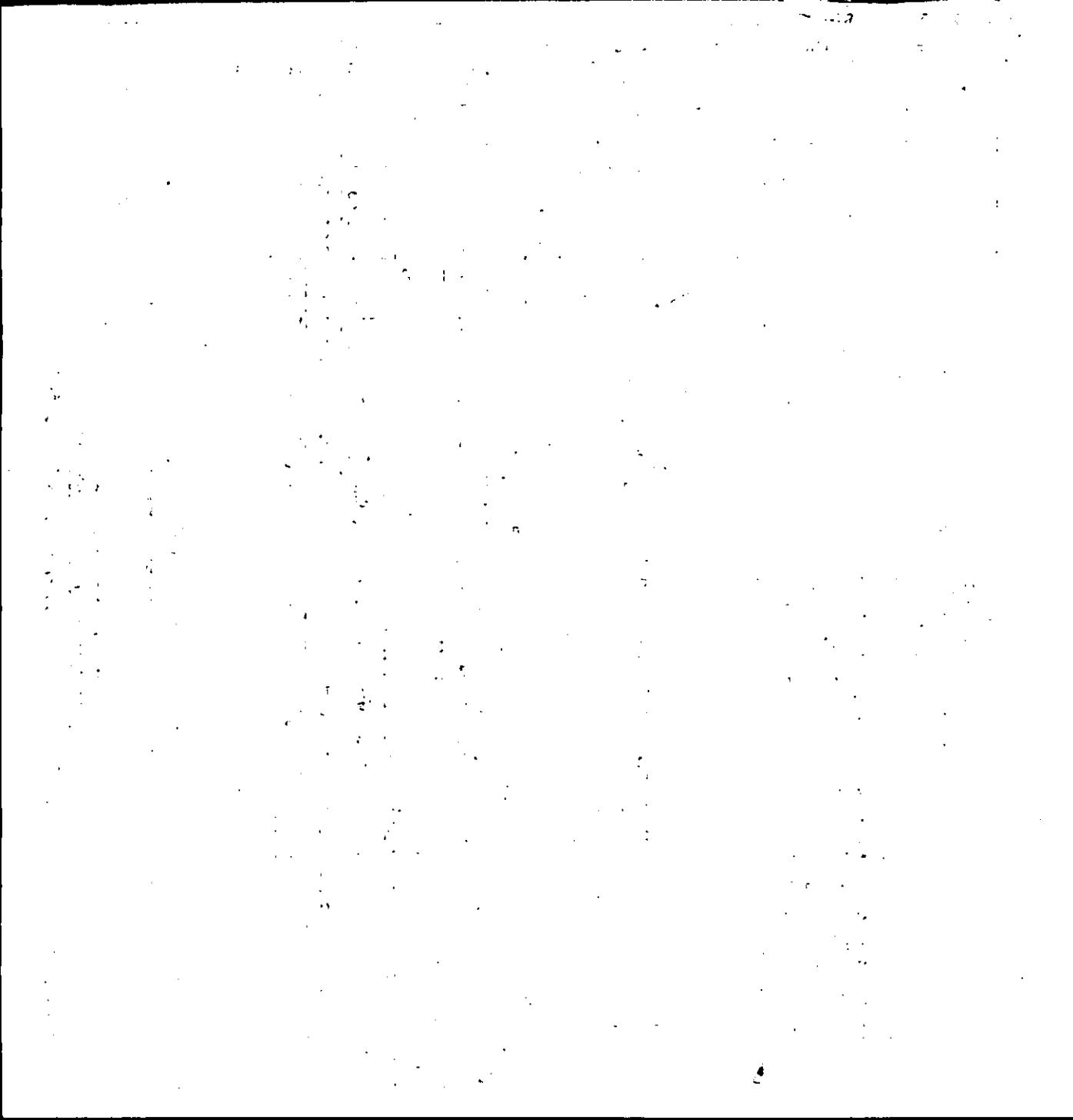
(Specify city or town, county, and State)

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

*Near State Highway 50*Manner of injury *Penitentiary, gunshot*Nature of injury *Gunshot wound*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *L. L. Latham*(Signed) *L. L. Latham*, M. D.(Address) *California Mo*



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau
Township Walker
City (No.)

Registration District No. 571
Primary Registration District No. 5719
4333

File No.
Registered No. 10
St. Ward

2. FULL NAME

Max 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 m 4. COLOR OF RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 11 4

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

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) Scotland

13. NAME Wm Smith

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

15. MAIDEN NAME Janet M. Crook

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

17. INFORMANT (ADDRESS) From Wm Smith, Detroit Mich

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg DATE 2/14 1934

19. UNDERTAKER (ADDRESS) William J. Friedman, Clarksburg, Mo.

20. FILED 3-31-1934 H.R. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1934, to Feb 28, 1934. I last saw him alive on Feb 28, 1934. 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:

Supposed wound on left side of back and other hemorrhoidal abscess in abdomen with shot gun

Other contributory causes of importance:

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 2/28, 1934

Where did injury occur? Clarksburg, Mo. (Specify city or town, county, and State)

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

Manner of injury Shotgun
Nature of injury Shot wound

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

(Signed) D. L. Pathman, M. D.
(Address) California Mo.

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRAR.

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