

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

Do not use this space.

MAY 25 1934

File No. 12097
Registered No. 86
St. _____ Ward _____

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____) _____ St. _____ Ward _____

2. FULL NAME

James Smashey
(a) Residence, No. Box # 1 Fulton Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 9 mos. 26 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) _____
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.
56

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Granitoid Conts.
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) N.K.

FATHER 13. NAME AK.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AK.

MOTHER 15. MAIDEN NAME AK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AK.

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE April 16, 1934

19. UNDERTAKER (ADDRESS) R. Emerson Fulton Mo.

20. FILED Apr 16, 1934 R. N. Cress Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to Apr 13, 1934
I last saw him alive on 4-13, 1934. Death is said to have occurred on the date stated above, at 12:25 p.m.
The principal cause of death and related causes of importance were as follows:

Multiple abscesses of lungs. Date of onset _____
1077A
Other contributory causes of importance:
Bronchial Pneumonia
Bronchial Asthma

Name of operation Pit Resection Date of 4-7-34
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) R. B. Bridgeman, M. D.
(Address) Fulton 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.

