

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.

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

NOV 25 1935

Do not use this space.
33319

1. PLACE OF DEATH

County Madison Registration District No. 533
 Township Round Grove Primary Registration District No. 5721
 City Acworth Mo (No. _____ St. _____ Ward _____)

2. FULL NAME

Charles Robert 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 Minnie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>7</u>	<u>22</u>	

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. Fanner

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 Mo

13. NAME Frank Smith

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

15. MAIDEN NAME Mauda Peters

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

17. INFORMANT Mrs. Smith (ADDRESS) Acworth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Chur DATE 10-23-35

19. UNDERTAKER Stephens & Sons (ADDRESS) Acworth Mo

20. FILED 11/11 1935 Leola Newton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 21 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Had no doctor to _____, 19____. I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:20 m.

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

Found dead - died from indigestion

Had indigestion

Other contributory causes of importance: Good

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) W. L. Gorch, M. D.

(Address) Elmer Mo, Coroner

The following is a list of the names of the persons who were present at the meeting held on the 15th day of June, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of June, 1945.

J. Edgar Hoover
 Director