

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

Do not use this space.

2454

1. PLACE OF DEATH **FEB 20 1936**
 County Jettie Registration District No. 668
 Township Adalia Primary Registration District No. 3032
 City Adalia Bothwell Bush St. Flourer Mo Ward
 2. FULL NAME John Lester Smagy Jr.
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1922
 7. AGE YEARS 13 MONTHS 11 DAYS 4 M LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
 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) Kansas
 13. NAME Lester Smagy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 15. MAIDEN NAME Maggie Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Lester Smagy
 (ADDRESS) 7 Lafayette, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Adaline DATE Jan 29 1936
 19. UNDERTAKER (ADDRESS) J. E. Wells 300 Wilbur Ave
 20. FILED 1-27 1936 John Slucka
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1936
 22. I HEREBY CERTIFY, that I attended deceased from Jan 6, 1936, to Jan 27, 1936
 I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Mastoid Abscess Date of onset
meninges hemorrhage
 Other contributory causes of importance:

 Name of operation Mastoidectomy Date of 1-27-36
 What test confirmed diagnosis? Symptoms Was there an autopsy? No
 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? No
 If so, specify
 (Signed) J. E. Wells, M. D.
 (Address) Adalia Mo

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.

