

FEB 24 1936

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

Do not use this space.

4107

1. PLACE OF DEATH

County Saline Registration District No. 996
Township Marshall Primary Registration District No. 3038
City Marshall, Mo. (No. Putnam Hospital) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Caroline V. Smith

(a) Residence, No. West Union St. 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 Female 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) Sept. 23, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 3 9

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

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) Marshall, Mo.

13. NAME Robert L. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulphur, Ky.

15. MAIDEN NAME Caranda Christian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbellburg, Kentucky

17. INFORMANT Mrs. J. M. Smith (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbellburg, Ky. DATE Jan 9 1936

19. UNDERTAKER J. L. Sweeney (ADDRESS) Marshall, Mo.

20. FILED Jan 3 1936 Walter Houston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from held inquest Jan 2 1936

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6.0 m.

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

Suicide
by hanging
Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Ex. Was there an autopsy? No

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

Accident, suicide, or homicide Suicide Date of injury Jan 2 19____

Where did injury occur? Marshall, Missouri

(Specify city or town, county, and State)

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

Manner of injury hanging

Nature of injury _____

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

If so, specify _____

(Signed) L. Lawless Crockett M. D.

(Address) Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

