

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

Do not use this space.

AUG 11 1936

30203

1. PLACE OF DEATH

County Carroll Registration District No. 138
 Townshp Fairfield Primary Registration District No. 5302
 City Braymer, (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 25

2. FULL NAME

David Franklin 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 8 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) Oct. 26, 1927

7. AGE YEARS 8 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Braymer,
 (STATE OR COUNTRY) MO

FATHER 13. NAME Warren Smith
 14. BIRTHPLACE (CITY OR TOWN) Braymer,
 (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Arlena F Francis
 16. BIRTHPLACE (CITY OR TOWN) Braymer,
 (STATE OR COUNTRY) MO

17. INFORMANT Warren Smith
 (ADDRESS) Braymer, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE My Olivet DATE 8/8/36, 1936

19. UNDERTAKER B. J. Mead
 (ADDRESS) Braymer, MO

20. FILED Aug 6, 1936 B. C. Cole M. D
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 2:30 P. M.

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

Shot wound in head. Accidentally shot with 22 Cal Rife by Older Brother.

Other contributory causes of importance: 184

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 8/5/36
 Where did injury occur? 8 miles south east Braymer
 (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) Alfred W. Quatein Coroner
 (Address) Tina, 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.

