

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

Do not use this space.

OCT 22 1936

31675

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. Leveing Hospital) St. _____ Ward)

File No. _____
Registered No. 245

2. FULL NAME Russell Notar Smashey

(a) Residence, No. 1107 _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1st. 1877</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>6</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Conductor</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 27th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19. 1936 to Aug 26. 1936
I last saw him alive on Aug 26. 1936 Death is said to have occurred on the date stated above, at 2:25 a.m.
The principal cause of death and related causes of importance were as follows:
Appendicitis
17/18
Date of onset Aug 19, 1936

Other contributory causes of importance:
Acute Peritonitis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles mo</u>
	13. NAME <u>John Smashey</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>Anna. Nathan.</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	17. INFORMANT <u>Mrs Anna Smashey</u> (ADDRESS) <u>1107 Seward St. Hannibal mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Olivet cem.</u> DATE <u>Aug - 27th. 1936</u>	
19. UNDERTAKER <u>James O. Powell</u> (ADDRESS) <u>Hannibal mo</u>	
20. FILED <u>Sept 8. 1936</u> <u>St C. Fisher</u> Registrar.	

Name of operation Appendectomy Date of Aug 31. 36
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? _____ 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. B. Hollen, M. D.
(Address) 200 Broadway

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

