

MAY 21 1937

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

Do not use this space.

File No. 16661
Registered No. _____
St. _____ Ward _____

A. Myers

1. PLACE OF DEATH
49 County Jasper Registration District No. 411
Township Gophic Primary Registration District No. 2002
50 City Gophic (No. 108 W. 2nd St.)
2. FULL NAME Roy Perry Smith
(a) Residence, No. 108 W. 2nd 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1892
7. AGE YEARS 44 last MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) Jasper, Mo.
13. NAME A. Curtis Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Lillian Leone McJannet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Aaron Smith (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Gary, Tenn. DATE 4/17 37
19. UNDERTAKER (ADDRESS) _____
20. FILED 4-16 1937 2d District Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-37
I HEREBY CERTIFY That I attended deceased from April 7 37, to April 15 37
I last saw him alive on April 15 1937 Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Abscess Right Lung
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

22. If death was due to external causes (violence), fill in also the following:
Was it 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) A. Myers, M. D.
(Address) 708 Gross Bldg Gophic, Mo.

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