REC'D SEP 21 1938

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

Do not use this space.

28950

1. PLACE OF DEATH

39 County Greene — Registration District No. 323 — File No.

Township Murray — Primary Registration District No. 5448 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Mrs Aulsie N. Smith Myers 620

(a) Residence, No. R.F.D.2 Willard St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1892

7. AGE: YEARS 46 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Aug 12, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willard, Missouri 0

FATHER

13. NAME Allen W. Smith 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo 0

MOTHER

15. MAIDEN NAME Fannie Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co, Mo

17. INFORMANT (ADDRESS) William Myers R.F.D.2, Willard, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Wesleys Cemetery DATE Aug. 14, 1938

19. UNDERTAKER (ADDRESS) R.L. Greenwade Und. Co., Willard, Missouri

20. FILED Aug 14, 1938 Mrs. R. Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1938 to 5:30 am, 1938

I last saw her dead on Aug 13, 1938. Death is said to have occurred on the date stated above, at 5:30 m.

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

Suicide -- by shooting self in neck, with 12 guage shot-gun.

Date of onset

Other contributory causes of importance: 167

Name of operation ..... Date of Aug 13

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? Suicide Date of injury Aug 13 1938

Where did injury occur? In Greene Co. Mo. at her home (Specify city or town, county, and State)

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

Manner of injury Shot gun

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. P. Ferguson Coroner, M. D.

(Address) Greene Co

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.