

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Atchison*
Township *Clark*
City (No.) St. Ward

Registration District No. *17*
Primary Registration District No. *5021*

File No. *31580*
Registered No.

2. FULL NAME

Thomas Andrew Smith

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) *Ella Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 19-1895*

7. AGE YEARS *53* MONTHS *5* DAYS *25* If LESS than 1 day, hrs. or min.

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

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) *Sept 9, 1938* 11. Total time (years) spent in this occupation *Extra City*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *College Springs Center*

13. NAME *Thomas Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Jane McDonald*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage, Missouri*

17. INFORMANT (ADDRESS) *Ella Smith, North 1st St., Atchison*

18. BURIAL, CREMATION, OR DISPOSAL PLACE *Union Center* DATE *9/14-1938*

19. UNDERTAKER (ADDRESS) *H. N. Schoeder, 714 1/2 N. 1st St., Atchison*

20. FILED *9/14* 19 *38* Registrar *Hella B. Black*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 11-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 13, 1938*, to *Sept. 13, 1938*. I last saw him *dead* on *Sept. 13, 1938*. Death is said to have occurred on the date stated above, at m.

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

Suicide by drowning Date of onset *Sept. 11, 1938*

Other contributory causes of importance: *166*

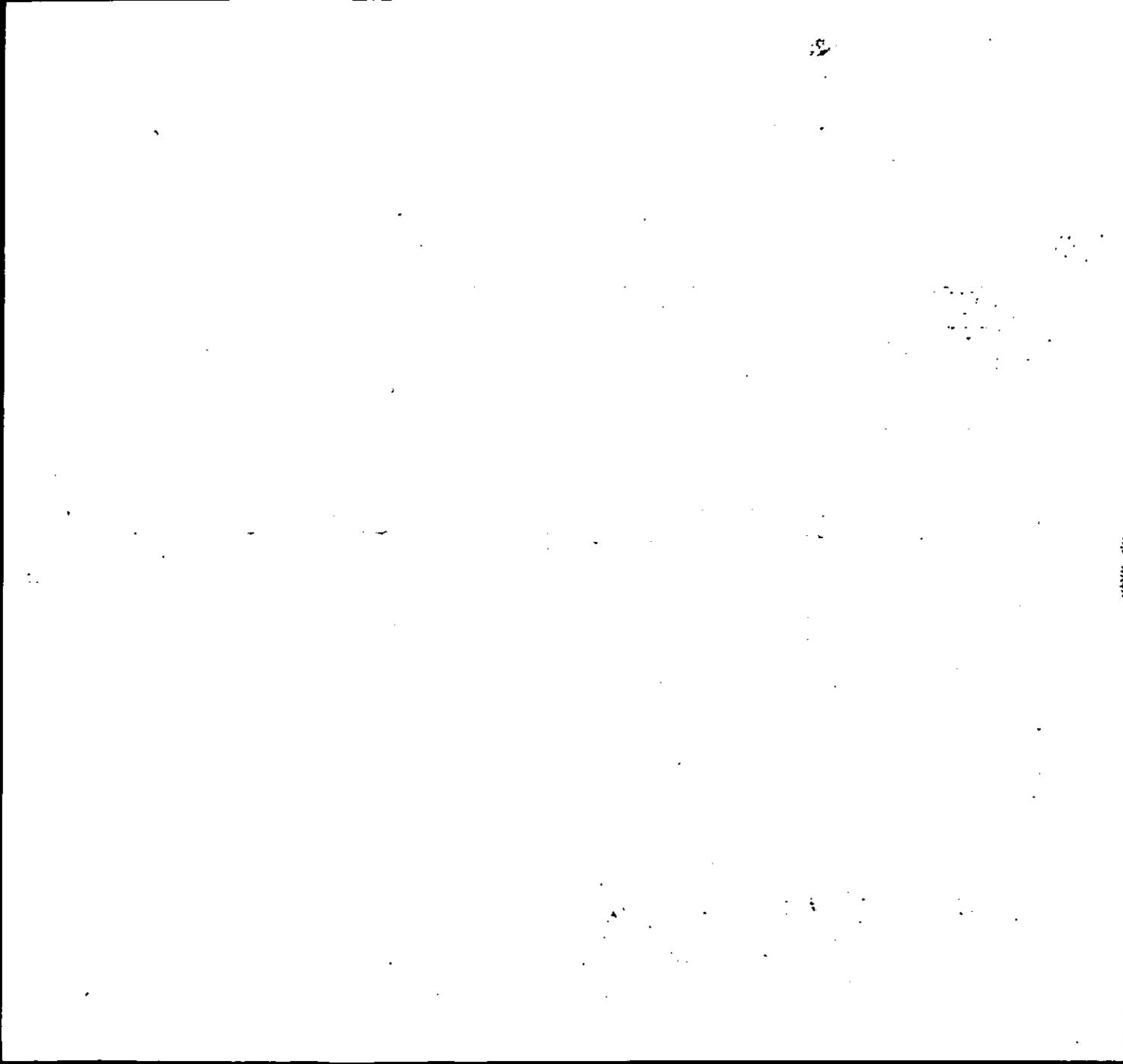
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Suicide* 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) *L. G. P. Reuther, Coronary M. D.*
Hella B. Black (Address) *Atchison, Mo.*

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

31580
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 17
 (b) Township Black Primary Registration District No. 2021 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Andrew Smith
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1938

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 5 25

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) College Springs

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

13. NAME Thomas Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Jane McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/14 1938 Hetta B. Black Local Registrar

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? _____
 If so, specify _____

(Signed) G. H. Baughman Coroner
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

STATE OF PENNSYLVANIA, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DUPLICATE

