

REC'D JAN 18 1940

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

42639
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison ³ Registration District No. 20
 (b) Township Tarkio ¹ Primary Registration District No. 5027 Registered No. _____
 (c) City Tarkio Mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Sherrell Smith

(a) Residence, No. Tarkio Mo 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

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) Sept 21, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 6 17

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

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

FATHER 13. NAME Walter Franklin Smith ⁰

14. BIRTHPLACE (CITY OR TOWN) Solo
 (STATE OR COUNTRY) Missouri ⁰

MOTHER 15. MAIDEN NAME Cora Sherrell

15. BIRTHPLACE (CITY OR TOWN) Nagle
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Cora Smith
 (ADDRESS) Tarkio Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tarkio DATE Apr 10 1939

19. FUNERAL DIRECTOR H. Clement
 (ADDRESS) Tarkio Mo

20. FILED 39 1939 C. M. Vaughn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 7, 1939
 I last saw him alive on April 7, 1939 Death is said to have occurred on the date stated above, at 1:09 P.M., Approx
 The principal cause of death and related causes of importance were as follows:

Accidental (auto)
Acceleration of car
at intersection of Carleton & Main, West of Tarkio
of which leg and hand broken
 Date of onset April 7, 1939

Other contributory causes of importance:

Name of operation no Date of _____
 What test confirmed diagnosis? exam 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 April 7, 1939
 Where did injury occur? Atchison Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On highway 27.5'
 Manner of injury Auto accident
 Nature of injury Swung leg & burned

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. G. Runtz M. D.

(Address) Spokane, Atchison Mo
Blanchard, Iowa

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

42639
Do not use this space

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 20
 (b) Township Marked Primary Registration District No. 2027 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Jesse Sherrell 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 6 17

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 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:
accidental auto accident
 Date of onset _____

Other contributory causes of importance: _____

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? Accident Date of injury Apr 7, 1939
 Where did injury occur? 25th St. So. of Tarkenton, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Billboard West bridge
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. A. Reutter M.D.
 (Address) Blanchard Iowa

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED & DESCRIBED BY LAW.
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar.

