

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

Do not use this space.

33269

1. PLACE OF DEATH

87 County Palls Registration District No. 726
 2 Township Spencer Primary Registration District No. 14432
 3 City New London (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

Alfred Fluencer Smith

(a) Residence, No. 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 Male 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 Bertie Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1869
 7. AGE YEARS 63 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co. Mo.
 13. NAME Marshal Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Ella Fluencer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co. Mo.

17. INFORMANT (ADDRESS) George Smith
 18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley DATE 19.
 19. UNDERTAKER (ADDRESS) Art. Couch
 20. FILED 11-2 19 32 Sydney Ragan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28 1932
 22. I HEREBY CERTIFY, That I visited 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:
Suicide by shot gun wound in mouth - self inflicted

Other contributory causes of importance:
167 (5)
 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 10/28/32
 Where did injury occur? New London, Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury gun shot
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Giles Arthur Couchner (Signed) M. D.
 (Address) Palls County

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Call
Township New London
City New London (No.)

Registration District No. 726
Primary Registration District No. 4432

File No.
Registered No.
St. Ward)

2. FULL NAME Alfred Flowerie Smith

(a) Residence, No. 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) m

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.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 0528 1932 Sylvester Rose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-1932

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at

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

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?..... 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)....., M. D.

(Address).....

N. E. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE state CAUSE OF DEATH in plain terms, so that it may be easily classified. Exact statement of OCCUPATION is very important. REGISTER TO RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

33269