

CERTIFICATE "A"

THE PANAMA CANAL

HEALTH DEPARTMENT

COLON HOSPITAL

Cristobal, C. Z., Colon Hospital, 1924

CERTIFICATE AND RECORD OF DEATH REQUIRED BY THE NEW YORK HEALTH AUTHORITIES

Name Harry Smith Place of death France Field, C.Z.

Sex Male Color White Character of premises,
whether tenement, pri-
vate, etc. If hotel, hos-
pital or other institu-
tion, state full title

Age 36

Single, married, widowed or divorced
Single

Occupation Aviator, A.S. U.S. Army Father's name Not known

Birthplace Virginia Father's birthplace Pennsylvania

How long in U. S., if foreign birth
XXXXX Mother's maiden name Not known

How long resident in city of New York
not known Mother's birthplace Pennsylvania

I hereby certify that I attended deceased from _____, 192____,

to _____, 192____, and that I last saw h_____ alive on the

Dead on arrival day of _____, 192____, that he died on

the 6 th day of October, 1924, about

7.50 A.M. o'clock _____ M., and that, to the best of my knowledge and belief, the cause of his

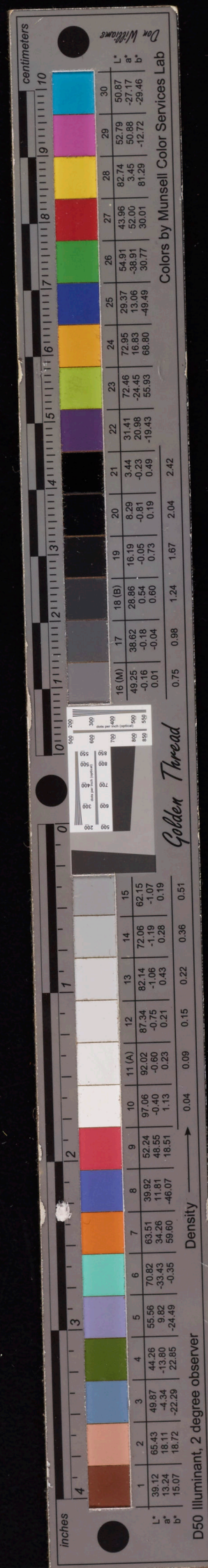
death was as follows: Traumatism by falling (Aeroplane accident)

Fracture of Skull ?

Witness my hand this 6th day of October, 1924

Frank W. Romaine, M. D.,

Residence Colon Hospital
Cristobal, C.Z.



CERTIFICATE "B"

THE PANAMA CANAL
HEALTH DEPARTMENT
ANCON HOSPITAL

Ancon, C. Z., October 15, 1924

I hereby certify that HARRY SMITH
died of Traumatism by falling (Aeroplane accident) Fracture of skull?
at France Field, Canal Zone
on the Sixth day of October, 1924 about 7.50 A.M.
and that his body has been embalmed and prepared according to the
regulations prescribed by the American Public Health Association
and the sanitary rules and regulations of the Canal Zone, and of the
Republic of Panama, and has been hermetically sealed in a metallic
casket.

Alexander Mackenzie
ALEXANDER MACKENZIE

Embalmer.

Attest:

Lewis B. Bates, M.D.
LEWIS B. BATES, M.D.
Chief, Board of Health Laboratory.

Note: This form required in triplicate.

