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

Do not use this space.

31189

1. PLACE OF DEATH
County Johnson
Township Post Oak.
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 430
Primary Registration District No. 5586

File No. .....
Registered No. .....

2. FULL NAME William George Smaltz.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. W. G. Smaltz.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18. 1854.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	6	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.

PARENTS

10. NAME OF FATHER G. W. Smaltz.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Matilda Orndoff.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.

14. INFORMANT Mr. James N. Smaltz.
(Address) Warrensburg. Mo.

15. FILED Sept 22, 1929 C B Koons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Sept 1, 1929 that I last saw him alive on Sept 15, 1929, and that death occurred, on the date stated above, at 1 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
Broken Compensation
92 A
92 B
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 90 W
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E Pare, M. D.
, 19 (Address) Leeton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cornelia Cemetery.	Sept. 23. 29

20. UNDERTAKER	ADDRESS
R. Q. Phillips.	Warrensburg. MO

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.