R Williams

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

Do not use this space.

37398

File No. 797

Registered No.

1. PLACE OF DEATH
County Greene
Township Springfield
City (No. 926 S. New St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Robert Smith
(a) Residence, No. 926 S. New 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1856

7. AGE YEARS 75 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter Work
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) Tenn.

FATHER
13. NAME T. A. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R.I.

MOTHER
15. MAIDEN NAME Lucy Elizabeth White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lilly M. Johnson R. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cemetery DATE Nov 13 1931

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.

20. FILED 11-12 1931 Ron Sharp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1931, to Nov 12 1931
I last saw him alive on Nov 12 1931. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Prostate Gland | Absent 1 year Ago |
| 51 C | |

Other contributory causes of importance: 16 Ago 51 C

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ralph T. Weiman, M. D.
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 22 1931