

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

Do not use this space

W. H. King
No. 1991

1. PLACE OF DEATH
 39 Code *Gene* Registration District No. *5.8*
 3 Township *Windsor* Primary Registration District No. *2001*
 5 City *Windsor* (OR) (Ward) *Northampton* Registered No. *715*
 2. FULL NAME *William R. Smith*
 (a) Residence, No. *604 Madison* 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 *Female* 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 *Single*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 5-1875*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *57 8 9*
 OCCUPATION 8. Trade, profession, or particular kind of work done, (as witness, lawyer, bookkeeper, etc.) *Shoe Making*
 9. Industry or business in which work was done, (as mill, saw mill, bank, etc.) *Shoe Making*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *31*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Windsor, Mo*
 MOTHER 13. NAME *Thomas W. Smith*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
 15. MAIDEN NAME *Rebecca Eberle*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) *Springfield, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Windsor, Mo Oct 15 1932*
 19. UNDERTAKER (ADDRESS) *Windsor, Mo*
 20. FILED *10-14-1932* *Ralph H. Tunstun* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-14-1932*
 22. I HEREBY CERTIFY, That I attended deceased from *Aug-27-1932 to 10-14-1932*
 Last seen alive on *10-12-1932* Death is said to have occurred on the date stated above, at *Windsor, Mo*.
 The principal cause of death and related causes of importance were as follows:
Embolism following Phlebitis.
 11B
 12A
 Other contributory causes of importance:
Plumbe Abcess - In -
 Name of operation *Drainage of abscess* Date of *9/14/32*
 What test confirmed diagnosis? *Culture of abscess* Was there an autopsy? *No*
 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? *No*
 If so, specify _____
 (Signed) *Wesley H. Kerash* M. D.
 (Address) *450 1/2 E. Pearl St.*

N. B.—Every item of information should be carefully supplied. Accuracy of information is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 28 1932

