

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

Do not use this space.

JAN 18 1935

399

42917

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 7002
Primary Registration District No.....
(No. 5127 Indiv. No.)

File No.....
Registered No. 5300
St. Ward)

2. FULL NAME William B. Smith

(a) Residence, No. 5127 Indiana St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 1 13

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

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) Missouri

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. J. J. Stealey (ADDRESS) 5127 Indiana

18. BURIAL, CREMATION, OR REMOVAL

PLACE North No. DATE 12/10/34 19

19. UNDERTAKER (ADDRESS) City

20. FILED 12-9-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/34 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to Dec 8, 1934. I last saw him alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic interstitial nephritis 1918
Hypertension 1923

Name of operation Family Date of.....
What test confirmed diagnosis? 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) A. B. Smith, M. D.
(Address) 512 Bryant Bldg. N. C. 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.

