

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.

JUN 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township Prairie Primary Registration District No. 5-187
City Middletown (No. _____) St. _____ Ward _____

File No. 17218

Registered No. 5

2. FULL NAME William Roland Smith

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Life time (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Marshall Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th. 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Middletown Missouri

FATHER 13. NAME Alex Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Agnes Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Effie May (ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE West Prairie Cem. DATE 5/30/35

19. UNDERTAKER Jones & Wells (ADDRESS) Middletown, Missouri

20. FILED May 30, 1935 Leah Peig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to May 29th, 1935. I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic Interstitial Nephritis
Date of onset

Other contributory causes of importance:
1931

Name of operation _____ Date of _____
What test confirmed diagnosis? urinary 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. J. Fisher M. D.
(Address) Middletown, Mo.

