WHITE 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.

NOV 15 1935

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

Do not use this space.

33105

File No. 3

Registered No. 11

Registration District No. 412 ~~413~~

Primary Registration District No. 3520 ~~4015~~

1. PLACE OF DEATH

County: Jasper

Township: Sarcoxie

City: Lakeshaw (No. ..... St. ..... Ward)

2. FULL NAME: Wm. R. Smith

(a) Residence, No. 3 Mile N. E. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10 1852

7. AGE: Years 83 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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): Germ.

FATHER

13. NAME: Thomas Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germ.

MOTHER

15. MAIDEN NAME: Sarah Hanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germ.

17. INFORMANT (ADDRESS): Jesse Smith, Salesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pine Cemetery DATE: Oct 6, 1935

19. UNDERTAKER (ADDRESS): Mitchell Undertaker, Neosho, Mo.

20. FILED: 10/18, 1935 Charles E. Drake, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1933, to Oct 4, 1935

I last saw him alive on Oct 4, 1935, Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

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?

If so, specify

(Signed) W. G. Hogan, M. D.

(Address) Neosho, Mo.